MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M

ROLL NUMBER

DESCRIPTION

1296

2007 HOUSE HUMAN SERVICES

HB 1296

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1296

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: January 17, 2007

Recorder Job Number: 1263

Committee Clerk Signature Judy Bakke

Minutes:

Chairman Price: We will open the hearing on HB 1296

Representative C.B. Haas District 36: This supports as a companion bill to HB 1162, although they are not together they certainly are related. There was some misunderstanding about the bill where the 51/2 million dollars was going to come from. There was concern we were going to tap into some of the same sources of funding that the local fire departments use. That is not the case. . We don't want this put into a study. We think it is urgent enough and timing is of the essence. I think we reconcile this by examining what we are about and coming to some conclusion about what are our priorities, and who is responsible for deliverance to our citizens. Ambulances are going to collapse if something isn't done. I will leave an amendment attached. Mr. Lampe will go over it.

Representative Uglem: Do you have a problem with combining the two bills?

Representative Haas: No, I am only concerned with the end results. Being we put in some mechanism we are really going to strengthen the rural EMS services. I think we need some sort of appropriation for the smaller areas that are really struggling out there so they don't collapse while you may decide to have studies done to put together some sort of assessment. It is getting much more difficult to get volunteers.

Dean Lampe, Executive Director of ND EMS Association: See attached testimony along with **Representative Haas** proposed amendments. This is a critical issue.

Representative Kaldor: I am assuming ambulances bill for services and do you get reimbursement from Insurances? How big a factor is that in the in the operation of the EMS services?

Mr. Lampe: Yes, it effects. There are several different reimbursements including Medicaid. Some are providing at a rate way below. We have 10% paying retail price and 90% are detecting what we get paid. The role of counties in this process would be invited, but not required. They would be involved indirectly.

Jim Poolman, State Insurance Commissioner: I support the concept of HB 1296. As we look at private pay and the delivery of health care in ND especially in the rural areas, it is a precarious situation. The reason the fire districts have been appropriated a piece of the premium tax on five separate lines of insurance. There is less of a lineage between the insurance premium taxes. That premium tax goes directly to the fund. Any support of appropriation you could give would be helpful. Every Insurance company that does business in ND that writes property and casualty insurance has to submit a separate form when they file their annual statement with the ND insurance department, keeping track of every bit of premium that was written in that specific fire district. There are fire districts out there just getting a few hundreds dollars. The appropriation here would be far different than it would be under the fire district mechanism we wanted it under. We will help where ever we can from our office.

LeeAnn Domonoske, I am the ambulance coordinator in Wilton, ND: We have 25 volunteers and 1 full time ambulance coordinator. We have a lot of problems with those numbers. Six of the volunteers live in Bismarck Mandan area, and six can not commit for one

reason or another. Many employers don't want you leaving there jobs. Do to the shortage we have hired on full time EMT which would be an extra 5 mill levy increase. Many people would rather pay for the service rather than provide it. They are Leary of the legal issues. We struggle daily with financial issues. I encourage a do pass. See attached testimony.

Mark Weber, President of the ND EMS Association: See attached testimony. With the two bills we are talking about making sure there counties are responsible for making sure that there is coverage to all the citizens of the county. That does not mean they have to fund the ambulance service, not in my mind. If it would stays as it is now, many doors will be closing. So the response time for some areas will be greater. Now we feel we are passing the buck on to you guys, as we have done all we can. It is a difficult task. Our idea was to have that money go for administration of the ambulance service and to provide the staff and with pay you will get them. We help out where we can as we do have paid people.

June Herman, with the American Heart Association: We see the two bills as companion bills, and we urge support. We have had to make decisions bases on time, availability, and expertise. I highly recommend this group provide some further recommendations, and direction of where we can go.

Tim Meyer, Director of Division of EMS of ND Department of Health: Part of our mission is to be advocates for the industry.

Representative Porter: In the 130 some ambulance services across the state. A number of them that Mr. Weber brought up in critical ends of being able to meeting the license requirements. In your estimation how many services are operating or looking to operate under a waver of not being able to fulfill their obligation?

Mr. Meyer: At this time we have 4 or 5 ambulance services that are on wavers, specifically of 24, 7 coverage. I would say frequently half are out of compliance. In the application for waver

for the law, we say, it really is a plan of correction. In that case you need to enhance your staff in some way. You need to have an agreement with your neighboring ambulance service. Most neighbors are willing to help out. They are concerned about you closing your door and that might mean they would have to cover.

Chairman Price: Anyone else to testify in favor, any opposition? If not we will close the hearing on HB 1296.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1296

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: January 23

Recorder Job Number: 1622

Committee Clerk Signature Judy Schaak

Minutes:

Representative Uglem: calls the house sub committee to order. **Representative Damschen** and **Representative Kaldo** present for the meeting. **Jennifer Clark** from Legislative council provided amendments for the committee. See attached. The question came up on should it be Medicaid or Medicare? **Dean Lampee** and **Tim Meyer** agreed it Medicare would be appropriate. **Jennifer Clark** is present to help change language where committee feels necessary to bring forward to the whole committee.

The committee expressed concerns about including trauma care. **Mr. Meyer** said trauma is about 20% of the ambulance care. **Representative Uglem** questions 2-40-04. We want to give them up to or no more than, for the first year. **Representative Damschen** questions the 12 months, is it adequate?

Representative Kaldo moves specified amendments **Representative Damschen** seconds. The vote was 3 yeas, 0 nays and 0 absent. The amendments will be carried to the full House Human Services committee.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1296

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: January 24, 2007

Recorder Job Number: 1856

Committee Clerk Signature Judy Schock

Minutes:

Chairman Price: Committee lets take out HB 1296.

Representative Uglem: goes through and explains the proposed amendments. We have a mistake first respondent was left out. A new study for us would certainly be worth while. There was no discussion on who to bring the report back to. We assumed it would come back to the State Department of Health for them to act on and set up the rules.

The committee discussed local funding issues. When the sub committee discussed the study they were talking more about identifying if there were gaps in coverage, and establishing a criteria. It might be a good idea to report this back to legislative council as well, but we would need a new section. How do we put in language to cover the counties? It is more a state wide study. It is based on counties; it is more based on location through out the state. It may be another resolution for the counties to be participating in this. Certainly the Health Department needs to be in this process if we are going to have a state wide system. It is complicated for counties to be the responsible party because in essence it is a state wide issue. When one service circles into several counties, shouldn't we be telling the counties that if you are levying for ambulances and that service into your county is provided, for example Rugby, which you

have to sit at the table and some of that money has to flow to cover their expenses for providing service into your county.

Terry Traynor, NDACo: The county in Bottineau does not levy It is an ambulance district that was created by the vote of the people, which I believe in their case, is the county boundary. But the county commission has no control over that.

There is more discussion if the health council designs this whole system, what roll does the county have? Testimony seems to say we have a Hodge podge system that basically requires districts or ambulance service to cover new territory where one of the EMS services evaporates. Basically we are looking at three solutions, one is put this in the counties responsibility pocket and probably hope things continue as they are where you have local ambulance services that have some economy and provide the necessary services, and sustain themselves because they get property taxes. The other alternative is an integrating state wide network, which may or may not have the same components that it has today. Some ambulance services may disappear and some will get larger.

Chairman Price: Would the committee like to ponder this now that we have had all this or would you like to adopt some of the amendments?

Representative Kaldor: Much of the amendments get rid of some things we might all agree on and that is the way the Insurance money is distributed. It is not based on a collection process that the fire district uses.

Representative Uglem: Once the money is allocated it would be easier to hang onto it. I move the amendments which includes the study report. **Seconded by Representative Potter**. All were in favor and one absent.

Chairman Price: I am going to let you sit on this. Just simply that some things were brought up the today you have gotten an idea.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1296

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: January 29, 2007

Recorder Job Number: 2084

Committee Clerk Signature	Judy Schock

Minutes:

Chairman Price: Take out HB 1296

Representative Uglem : presents new set of amendments and moves new amendments, seconded by **Representative Porter**, a verbal vote of all yeas no nays. **Representative Kaldor** moves a do pass as amended RR/Appropriations, second by **Representative Uglem**. The vote was 10 yeas 1 nay and 1 absent. **Representative Uglem** will carry the bill to the floor.

Prepared by the Legislative Council staff for
Representative Haas
January 16, 2007

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1296

Page 1, line 3, replace "sections 18-04-04 and" with "section"

Page 1, remove lines 7 through 24

Page 2, remove lines 1 and 2

Page 2, line 11, remove "**on fire**"

Page 2, line 12, remove "**insurance companies**"

Page 2, line 18, remove "**and insurance commissioner**"

Page 2, line 20, remove "and with the insurance commissioner"

Page 2, line 23, remove "or commissioner"

Page 2, line 25, remove "and insurance"

Page 2, line 26, remove "commissioner"

Page 3, line 2, replace "**insurance commissioner**" with "**state health officer**"

Page 3, line 4, remove "and shall report this information to the insurance commissioner"

Page 3, line 5, replace "insurance commissioner" with "state health officer"

Page 3, line 7, remove "The state health officer's calculation of the"

Page 3, remove lines 8 through 12

Page 3, line 13, remove "**by state health officer**" and replace the second boldface underscored dash with a boldface underscored period

Page 3, line 14, remove "**Distribution of funds by emergency medical services operations.**"

Page 3, line 15, after "protocols" insert "to"

Page 4, line 10, replace "insurance commissioner" with "state department of health"

Renumber accordingly

70494.0102
Title.

Prepared by the Legislative Council staff for
Representative Uglem
January 22, 2007

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1296

Page 1, line 3, replace "sections 18-04-04 and" with "section"

Page 1, remove lines 7 through 24

Page 2, remove lines 1 and 2

Page 2, replace lines 11 through 31 with:

"**23-40-01. Eligibility.** To be eligible to apply for funds under this chapter, an applicant must be the licenseholder of an emergency medical services operation that has been licensed under chapter 23-27 for a period of at least twelve months before the filing of the application under section 23-40-02, must bill for services at a level at least equivalent to the ~~medicaid~~ billing level, and must meet any additional requirements set by rule adopted by the state health council.

Medicare

23-40-02. Application. Before November first of each year, the licenseholder of an emergency medical services operation shall file a complete application with the state department of health on a form provided by the department. The application must include an affirmation of the operation's billing levels, documentation of the availability of matching funds, and other information as may be required by the department.

23-40-03. Eligibility for distribution of funds. The state health officer shall make eligibility determinations and distribution amount determinations under this chapter in accordance with the department's strategic plan for providing emergency medical services in this state. The department shall establish and continually update this strategic plan for an integrated emergency medical services program that includes comprehensive ~~systems of trauma care.~~ Eligibility for funds under this chapter is not an entitlement. The state health officer may not distribute funds to an applicant unless the applicant has verified the existence of matching funds equal to twenty-five percent of the proposed distribution amount.

Statewide EMS system

23-40-04. Allocation for distribution of funds. Annually, the state health officer shall allocate one-half of the biennial legislative appropriation for distribution under this chapter to each eligible emergency medical services operation.

23-40-05. Use of funds. A recipient of funds under this chapter shall use the funds in a manner consistent with rules adopted by the state health council. A recipient of funds may not use funds for capital expenses such as emergency vehicles and emergency medical services equipment."

Page 3, remove lines 1 through 16

Page 4, line 10, replace "insurance commissioner" with "state department of health"

Page 4, after line 12, insert:

"**SECTION 5. APPROPRIATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $30,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding an assessment of the state's emergency medical services, for the biennium beginning July 1, 2007, and ending June 30, 2009. The department shall seek to contract with a third party for an assessment of the state's emergency medical services system to assist in developing an integrated emergency medical services program that includes comprehensive systems of trauma care. The assessment may address regulation and policy; resource management; human resources and training; transportation; facilities; communications; trauma systems; public information, education, and prevention; medical direction; and an evaluation."

Renumber accordingly

Date: 1-23
Roll Call Vote #:

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES HB 1296 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken None specified Amendments

Motion Made By Rep Kaldor Seconded By Rep Damschen

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman			Kari L Conrad		
Vonnie Pietsch – Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglem					
Robin Weisz					

Total (Yes) 3 "Click here to type Yes Vote" No "Click here to type No Vote"

Absent 0

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Carried to H.S.

Prepared by the Legislative Council staff for
Representative Uglem
January 23, 2007

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1296

Page 1, line 3, replace "sections 18-04-04 and" with "section"

Page 1, remove lines 7 through 24

Page 2, remove lines 1 and 2

Page 2, replace lines 11 through 31 with:

"**23-40-01. Eligibility.** To be eligible to apply for funds under this chapter, an applicant must be the licenseholder of an emergency medical services operation that has been licensed under chapter 23-27 for a period of at least twelve months before the filing of the application under section 23-40-02, must bill for services at a level at least equivalent to the medicare billing level, and must meet any additional requirements set by rule adopted by the state health council.

23-40-02. Application. Before November first of each year, the licenseholder of an emergency medical services operation shall file a complete application with the state department of health on a form provided by the department. The application must include an affirmation of the operation's billing levels, documentation of the availability of local matching funds, and other information as may be required by the department.

23-40-03. Eligibility for distribution of funds. The state health officer shall make eligibility determinations and distribution amount determinations under this chapter in accordance with the department's strategic plan for providing emergency medical services in this state. The department shall establish and continually update this strategic plan for an integrated emergency medical services program that includes a comprehensive statewide emergency medical services system. Eligibility for funds under this chapter is not an entitlement. The state health officer may not distribute funds to an applicant unless the applicant has verified the existence of local matching funds equal to twenty-five percent of the proposed distribution amount.

23-40-04. Allocation for distribution of funds. Annually, the state health officer shall allocate no more than one-half of the biennial legislative appropriation for distribution under this chapter to each eligible emergency medical services operation.

23-40-05. Use of funds. A recipient of funds under this chapter shall use the funds in a manner consistent with rules adopted by the state health council. A recipient of funds may not use funds for capital expenses such as emergency vehicles and emergency medical services equipment."

Page 3, remove lines 1 through 16

Page 4, line 10, replace "insurance commissioner" with "state department of health"

Page 4, after line 12, insert:

"**SECTION 5. APPROPRIATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $30,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding an assessment of the state's emergency medical services, for the biennium beginning July 1, 2007, and ending June 30, 2009. The department shall seek to contract with a third party for an assessment of the state's emergency medical services system to assist in developing an integrated emergency medical services program that includes a comprehensive statewide emergency medical services system. The assessment may address regulation and policy; resource management; human resources and training; transportation; facilities; communications; trauma systems; public information, education, and prevention; medical direction; and an evaluation."

Add – Report to Leg Council by 7-1-08

Renumber accordingly

Date: 1/24
Roll Call Vote #:

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES HB 1276 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Move Amendments

Motion Made By Rep Uglem Seconded By Rep Potter

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman			Kari L Conrad		
Vonnie Pietsch – Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglem					
Robin Weisz					

Total (Yes) 10 No 0

Absent 1

Floor Assignment Rep

If the vote is on an amendment, briefly indicate intent:

Prepared by the Legislative Council staff for
Representative Uglem
January 25, 2007

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1296

Page 1, line 3, replace "sections 18-04-04 and" with "section"

Page 1, remove lines 7 through 24

Page 2, remove lines 1 and 2

Page 2, replace lines 11 through 31 with:

"**23-40-01. Eligibility.** To be eligible to apply for funds under this chapter, an applicant must be the licenseholder of an emergency medical services operation that has been licensed under chapter 23-27 for a period of at least twelve months before the filing of the application under section 23-40-02, must bill for services at a level at least equivalent to the medicare billing level, and must meet any additional requirements set by rule adopted by the state health council.

23-40-02. Application. Before November first of each year, the licenseholder of an emergency medical services operation shall file a complete application with the state department of health on a form provided by the department. The application must include an affirmation of the operation's billing levels, documentation of the availability of local matching funds, and other information as may be required by the department.

23-40-03. Eligibility for distribution of funds. The state health officer shall make eligibility determinations and distribution amount determinations under this chapter in accordance with the department's strategic plan for providing emergency medical services in this state. The department shall establish and continually update this strategic plan for an integrated emergency medical services program that includes a comprehensive statewide emergency medical services system. Eligibility for funds under this chapter is not an entitlement. The state health officer may not distribute funds to an applicant unless the applicant has verified the existence of local matching funds equal to twenty-five percent of the proposed distribution amount.

23-40-04. Allocation for distribution of funds. During the first year of the biennium, the state health officer may not distribute more than one-half of the biennial legislative appropriation and during the second year of the biennium the state health officer may distribute the remainder of the biennial legislative appropriation.

23-40-05. Use of funds. A recipient of funds under this chapter shall use the funds in a manner consistent with rules adopted by the state health council. A recipient of funds may not use funds for capital expenses such as emergency vehicles and emergency medical services equipment."

Page 3, remove lines 1 through 16

Page 4, line 10, replace "insurance commissioner" with "state department of health"

Page 4, after line 12, insert:

"**SECTION 5. APPROPRIATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $30,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding an assessment of the state's emergency medical services, for the biennium beginning July 1, 2007, and ending June 30, 2009. The department shall seek to contract with a third party for an assessment of the state's emergency medical services system to assist in developing an integrated emergency medical services program that includes a comprehensive statewide emergency medical services system. The assessment may address regulation and policy; resource management; human resources and training; transportation; facilities; communications; trauma systems; public information, education, and prevention; medical direction; and an evaluation."

Renumber accordingly

House Amendments to HB 1296 (70494.0105) - Human Services Committee 01/30/2007

Page 1, line 3, replace "sections 18-04-04 and" with "section"

Page 1, line 5, after the semicolon insert "to provide for a report;"

Page 1, remove lines 7 through 24

House Amendments to HB 1296 (70494.0105) - Human Services Committee 01/30/2007

Page 2, remove lines 1 and 2

Page 2, replace lines 11 through 31 with:

"**23-40-01. Eligibility.** To be eligible to apply for funds under this chapter, an applicant must be the licenseholder of an emergency medical services operation that has been licensed under chapter 23-27 for a period of at least twelve months before the filing of the application under section 23-40-02, must bill for services at a level at least equivalent to the medicare billing level, and must meet any additional requirements set by rule adopted by the state health council.

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23-40-03. Eligibility for distribution of funds. The state health officer shall make eligibility determinations and distribution amount determinations under this chapter in accordance with the department's strategic plan for providing emergency medical services in this state. The department shall establish and continually update this strategic plan for an integrated emergency medical services program that includes a comprehensive statewide emergency medical services system. Eligibility for funds under this chapter is not an entitlement. The state health officer may not distribute funds to an applicant unless the applicant has verified the existence of local matching funds equal to twenty-five percent of the proposed distribution amount.

23-40-04. Allocation for distribution of funds. During the first year of the biennium, the state health officer may not distribute more than one-half of the biennial legislative appropriation and during the second year of the biennium the state health officer may distribute the remainder of the biennial legislative appropriation.

23-40-05. Use of funds. A recipient of funds under this chapter shall use the funds in a manner consistent with rules adopted by the state health council. A recipient of funds may not use funds for capital expenses such as emergency vehicles and emergency medical services equipment."

House Amendments to HB 1296 (70494.0105) - Human Services Committee 01/30/2007

Page 3, remove lines 1 through 16

House Amendments to HB 1296 (70494.0105) - Human Services Committee 01/30/2007

Page 4, after line 7, insert:

"**SECTION 4. ASSESSMENT OF STATE'S EMERGENCY MEDICAL SERVICES SYSTEM - REPORT.** The state department of health shall seek to contract with a third party for an assessment of the state's emergency medical services system to assist in developing an integrated emergency medical services program that includes a comprehensive statewide emergency medical services system. The assessment may address regulation and policy; resource management; human resources and training; transportation; facilities; communications; trauma systems; public information, education, and prevention; medical direction; and an evaluation. The department shall report the findings to the legislative council no later than July 1, 2008."

Page 4, line 10, replace "insurance commissioner" with "state department of health"

Page 4, after line 12, insert:

"**SECTION 6. APPROPRIATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $30,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding an assessment of the state's emergency medical services system under section 4 of this Act, for the biennium beginning July 1, 2007, and ending June 30, 2009."

Renumber accordingly

Date: 1/29
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES HB 1296 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Move Rec as orig Amendments

Motion Made By Rep Uglem Seconded By Rep. Porter

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman			Kari L Conrad		
Vonnie Pietsch – Vice Chairman			Lee Kaldor		
Chuck Damschen			Louise Potter		
Patrick R. Hatlestad			Jasper Schneider		
Curt Hofstad					
Todd Porter					
Gerry Uglem					
Robin Weisz					

Total (Yes) 11 No 2 Aer Yeas

Absent 1

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Date: 1/29
Roll Call Vote #: 2

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. "Click here to type Bill/Resolution No."

House HUMAN SERVICES HB 1296 Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Do pass as Amended RR/Cap

Motion Made By Rep Kaldor Seconded By Rep Uglem

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price – Chairman	✓		Kari L Conrad		
Vonnie Pietsch – Vice Chairman	✓		Lee Kaldor	✓	
Chuck Damschen	✓		Louise Potter	✓	
Patrick R. Hatlestad	✓		Jasper Schneider	✓	
Curt Hofstad	✓				
Todd Porter	✓				
Gerry Uglem	✓				
Robin Weisz		✓			

Total (Yes) "Click here to type Yes Vote" 10 No "Click here to type No Vote" 1

Absent 1

Floor Assignment Rep. Uglem

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1296: Human Services Committee (Rep. Price, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (10 YEAS, 1 NAY, 1 ABSENT AND NOT VOTING). HB 1296 was placed on the Sixth order on the calendar.

Page 1, line 3, replace "sections 18-04-04 and" with "section"

Page 1, line 5, after the semicolon insert "to provide for a report;"

Page 1, remove lines 7 through 24

Page 2, remove lines 1 and 2

Page 2, replace lines 11 through 31 with:

"23-40-01. Eligibility. To be eligible to apply for funds under this chapter, an applicant must be the licenseholder of an emergency medical services operation that has been licensed under chapter 23-27 for a period of at least twelve months before the filing of the application under section 23-40-02, must bill for services at a level at least equivalent to the medicare billing level, and must meet any additional requirements set by rule adopted by the state health council.

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23-40-04. Allocation for distribution of funds.During the first year of the biennium, the state health officer may not distribute more than one-half of the biennial legislative appropriation and during the second year of the biennium the state health officer may distribute the remainder of the biennial legislative appropriation.

23-40-05. Use of funds. A recipient of funds under this chapter shall use the funds in a manner consistent with rules adopted by the state health council. A recipient of funds may not use funds for capital expenses such as emergency vehicles and emergency medical services equipment."

Page 3, remove lines 1 through 16

Page 4, after line 7, insert:

"**SECTION 4. ASSESSMENT OF STATE'S EMERGENCY MEDICAL SERVICES SYSTEM - REPORT.** The state department of health shall seek to contract with a third party for an assessment of the state's emergency medical services system to assist in developing an integrated emergency medical services program that

includes a comprehensive statewide emergency medical services system. The assessment may address regulation and policy; resource management; human resources and training; transportation; facilities; communications; trauma systems; public information, education, and prevention; medical direction; and an evaluation. The department shall report the findings to the legislative council no later than July 1, 2008."

Page 4, line 10, replace "insurance commissioner" with "state department of health"

Page 4, after line 12, insert:

"**SECTION 6. APPROPRIATION.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $30,000, or so much of the sum as may be necessary, to the state department of health for the purpose of funding an assessment of the state's emergency medical services system under section 4 of this Act, for the biennium beginning July 1, 2007, and ending June 30, 2009."

Renumber accordingly

2007 HOUSE APPROPRIATIONS

HB 1296

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1296

House Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: February 9, 2007

Recorder Job Number: 3308

Committee Clerk Signature Shirley Banning

Minutes:

Chm. Svedjen called the meeting to order to take up the amendments to Engrossed HB 1296, a bill relating to distribution of insurance premiums tax collections to emergency medical services operations by calling on **Rep. Gerry Uglem**, District 19.

Rep. Uglem reviewed the 6 sections of the bill and the amendments.

Rep. Carlisle The funding source – where is the money coming from?

Rep. Wald: Page 3, line 1.

Rep. Carlisle: Out of the sheriff's department?

Rep. Pollert: Is there an amendment coming?

Chm. Svedjen: Maybe we should entertain that now. Calling on Rep. C. B. Haas, District 36 to explain the amendment .0201.

Rep. Haas: This amendment takes the insurance premium tax collections out of the bill, Ref. lines 7-12 of the amendment. It also changes the matching requirements to a 75% local match and a 25% state contribution to these funds Ref. 6.50.

Rep. Wald moved a Do Pass to adopt amendment .0201. Rep. Klein seconded the motion.

Rep. Bellew: This would change the funding source to community health care trust fund. How much money was left in that? If you take $1m and fund this project with it that would

deplete almost the total amount of those funds. There will only be $400,000 left in that fund. These are specifically tobacco dollars and I don't think this is a good amendment.

Rep. Haas: If you want to put it back to the other fund that is fine with me.

Rep. Pollert: Before we started this session, there was about $1.4m left to come into the next biennium. The amendments will show that we've allocated $4.7m to local public health units and tobacco programs.

Chm. Svedjen: $395 would come out of the $400,000 including training grants for EMS.

Rep. Pollert: Amendments haven't yet been passed in section. The fund stays the same at $1.4m. If we change it, it drops to $400,000. I have concerns with that.

Rep. Carlisle: I understand the bill but am trying to figure out the funding source. Did this come from Human Services or is it .....There is a big difference between this and the insurance fund.

Rep. Haas: The change was made reluctantly.

Chm. Svedjen: The discussion more on the community health trust fund had relevance to this. But nothing says that this is where it needs to come from.

Rep. Pollert: What may happen is that the funds will come out of the training grants.

Rep. Haas: This $1m is not designed for training grants. That is an ongoing need we have from the Health Department for all EMS services.

Chm. Svedjen: Suggested adopting the amendment then further amend if the funding source should come from maybe the insurance distribution fund.

Skarphol: When I first looked at this I was hesitant to support it but having heard Rep. Haas' explanation, we may have to do this. The smaller EMSs should get access to some type of service. The more participation the better and limiting it to 25-75% is appropriate. The $1m is a good idea.

Arvy Smith, Deputy State Health Officer: Has not seen this version of the bill.

Chm. Svedjen: Would there have to be rules promulgated for the distribution of the funds?

Smith: It is specified by law that we go through administrative rules and our health council, formulas or advisory commissions.

Rep. Nelson: What is the status of the unobligated funds of the insurance tax distribution fund?

Rep. Wald: To maintain rural health care, we need to beef up EMT force state wide. No matter where the money comes from, the point is we need to get moving to provide health service in the rural area. We need to do something this session, and if this is the seed money we ought to move ahead and do it.

Motion carried by voice vote on adoption of the amendment .0201.

Rep. Glassheim:. Move to further amend to take the money out of insurance tax fund rather than the community health fund. Rep. Ekstrom seconded the motion.

Motion carried by voice vote.

Rep. Skarphol moved a Do Pass on HB 1296 as amended. Rep. Gulleson seconded the motion. The Do Pass motion carried by a roll call vote of 23 yea, 1 nay, and 1 absent and not voting. Rep. Skarphol will be the carrier of the bill.

Prepared by the Legislative Council staff for
Representative Haas
February 7, 2007

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1296

Page 1, line 2, replace "distribution of insurance premiums tax collections" with "grants"

Page 1, remove line 3

Page 1, line 4, remove "Dakota Century Code, relating to the insurance premiums tax collections;"

Page 1, remove lines 7 through 12

Page 2, line 10, replace "twenty-five" with "seventy-five"

Page 2, remove lines 12 through 15

Page 2, line 16, replace "**23-40-05**" with "**23-40-04**"

Page 2, remove lines 20 through 31

Page 3, remove lines 1 through 10

Page 3, line 21, replace "insurance tax distribution" with "community health trust"

Page 3, line 22, replace "$5,500,000" with "$1,000,000"

Page 3, line 23, replace "payments of insurance premiums tax collections" with "grants"

Page 3, line 28, replace "4" with "2"

Renumber accordingly

Date: 2/9/07
Roll Call Vote #: 1

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1296

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 70494.0201

Action Taken Adopt amend .0201

Motion Made By Wald Seconded By Klein

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Representative Wald			Representative Aarsvold		
Representative Monson			Representative Gulleson		
Representative Hawken					
Representative Klein					
Representative Martinson					
Representative Carlson			Representative Glassheim		
Representative Carlisle			Representative Kroeber		
Representative Skarphol			Representative Williams		
Representative Thoreson					
Representative Pollert			Representative Ekstrom		
Representative Bellew			Representative Kerzman		
Representative Kreidt			Representative Metcalf		
Representative Nelson					
Representative Wieland					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voice Vote carries

70494.0202
Title.0300

Prepared by the Legislative Council staff for
Representative Haas
February 9, 2007

VR
2/12/07

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1296

Page 2, line 10, replace "twenty-five" with "seventy-five"

Page 3, line 22, replace "$5,500,000" with "$1,000,000"

Renumber accordingly

Date: 2/9/07
Roll Call Vote #: 8

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1296

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken ~~DO~~ Further Amend.

Motion Made By Glassheim Seconded By Ekstrom

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan					
Vice Chairman Kempenich					
Representative Wald			Representative Aarsvold		
Representative Monson			Representative Gulleson		
Representative Hawken					
Representative Klein					
Representative Martinson					
Representative Carlson			Representative Glassheim		
Representative Carlisle			Representative Kroeber		
Representative Skarphol			Representative Williams		
Representative Thoreson					
Representative Pollert			Representative Ekstrom		
Representative Bellew			Representative Kerzman		
Representative Kreidt			Representative Metcalf		
Representative Nelson					
Representative Wieland					

Total (Yes) No

Absent

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Motion carries

Take $ out of insurance premium tax fund
~~and move to that fund~~
rather than comm. health fund.

Date: 2/9/07
Roll Call Vote #: 3

2007 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1296

House Appropriations Full Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass as amended

Motion Made By Skarphol Seconded By Gulleson

Representatives	Yes	No	Representatives	Yes	No
Chairman Svedjan	✓				
Vice Chairman Kempenich	✓				
Representative Wald	✓		Representative Aarsvold	—	
Representative Monson	✓		Representative Gulleson	✓	
Representative Hawken	✓				
Representative Klein	✓				
Representative Martinson	✓				
Representative Carlson	✓		Representative Glassheim	✓	
Representative Carlisle	✓		Representative Kroeber	✓	
Representative Skarphol	✓		Representative Williams	✓	
Representative Thoreson	✓				
Representative Pollert	✓		Representative Ekstrom	✓	
Representative Bellew		✓	Representative Kerzman	✓	
Representative Kreidt	✓		Representative Metcalf	✓	
Representative Nelson	✓				
Representative Wieland	✓				

Total (Yes) 22 No 1

Absent 1

Floor Assignment Skarphol

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1296, as engrossed: Appropriations Committee (Rep. Svedjan, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (22 YEAS, 1 NAY, 1 ABSENT AND NOT VOTING). Engrossed HB 1296 was placed on the Sixth order on the calendar.

Page 2, line 10, replace "twenty-five" with "seventy-five"

Page 3, line 22, replace "$5,500,000" with "$1,000,000"

Renumber accordingly

2007 SENATE HUMAN SERVICES

HB 1296

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1296

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 3-07-07

Recorder Job Number: 4552, 4607

Committee Clerk Signature Mary K Monson

Minutes:

Chairman Senator J. Lee brought the committee to order and opened the hearing on HB 1296 relating to distribution of insurance premiums tax collections to emergency medical services operations; to provide for a report; and to provide an appropriation.

Representative C. B. Haas (District #36) introduced HB 1296. This bill is based on the philosophy and idea that reasonable emergency medical services should be available to every citizen in the state of ND regardless of where they live. Many of the EMS programs across the state are in jeopardy right now financially, from the standpoint of personnel, and getting volunteers, operating their programs, keeping their equipment up to speed, etc. Any time one of these EMS units collapses it puts an additional burden on a neighboring EMS unit. The premise behind this bill is that we need to develop as a state a comprehensive plan that would assure the delivery of EMS services to every citizen of the state. Reasonable EMS service is usually defined in terms of response time.

Senator J. Lee referred to section 4 which said "contracting with a 3rd party for a report". She asked if the cost of that would come out the million dollar appropriation.

Rep. Haas said it was the $30,000.

The study in this bill would be done by the state health department who also is involved in a trauma study. Rep. Haas felt all these things would come together at some point once the legislation has all been enacted.

Representative Bob Skarphol (District #2) gave his perspective from House Appropriations. His original thought was that they couldn't afford another program. After talking to the young men from Tioga who said their EMS was financially solid and had good participation but the neighboring communities were smaller and some at risk, he felt it was important to keep the bill alive for more discussion. He explained that the amendment prepared for Senator Erbele (attachment #1) directs the health department to produce a strategic plan with a sliding scale type mechanism that recognizes how critical some of the EMS services are in various areas and to provide grants in accordance with that recognition. He asked for a favorable consideration of the amendment and bill.

Representative Gerry Uglem (District #19) testified in support of HB 1296. He presented his concerns about the EMS in ND. If an ambulance service goes down, the neighboring service would not be in good shape because they would have a much larger territory. According to ND law the ambulance service must respond, if called, no matter how long the response time is going to be. He answered a prior question about the $30,000 study. They are looking at the National Highway Traffic & Safety Administration (NHTSA) to conduct a study which will assess emergency medical services in ND from a nationwide viewpoint. The expected cost is around $30,000 and they are hoping there will be a grant that comes with it.

Senator Erbele asked Rep. Uglem to address the amendments and he did (meter13:06).

Dean Lampe (Executive Director, NDEMS) testified in support of HB 1296. (Attachment #2)

Senator J. Lee told him that the committee had moved HB 1273 forward with an inclusion of facilities other than hospitals and clinics with the option for ambulance services to also be able to participate in that program.

Mr. Lampe said he wasn't thoroughly familiar with the flex grant program. He believed it dealt with a grant for capital equipment. He explained that the appropriation and grant process in this bill would specifically exclude capital equipment. It is their feeling that ambulance services really have adequate grant opportunities for the purchase of capital equipment. The bulk of the ambulances have enough equipment. What they need is funding so they can move toward combination services. He encouraged the committee to move forward with HB 1296 considering the operating costs needs of the ambulance services.

Senator Dever asked if what they were talking about was a subsidy of operations.

Mr. Lampe said yes they were.

Senator Dever wondered how ambulance services are otherwise funded. He asked if they are supported with property taxes.

Mr. Lampe said part of the systemic problems with the EMS is the lack of reimbursement especially in the rural communities (meter 34:30).

He also addressed the people problem verses the dollar problem.

In some cases property taxes do support the ambulances and in others they don't.

Senator J. Lee asked if there is a permissible levy for ambulance services.

Mr. Lampe said yes there are five methods of local support via taxes.

Senator Dever – If we can improve the Medicaid reimbursement would that make this bill unnecessary?

Mr. Lampe replied that would improve the financial landscape for ambulances but it wouldn't solve the problem.

Senator J. Lee said the difference between ambulance providers and some of the other providers is that the ambulance has to provide service and the others can say no.

(Meter 39:30) There was some discussion on restoring $3.2 million appropriation. A major concern Mr. Lampe said was that it doesn't come out of the legislature at $1 million. That wouldn't be enough. $2 million would allow them to identify 50 ambulance services.

The aspect of local contributions was discussed. Not all counties are stepping in to support EMS locally.

(Meter 46:30) Discussion took place on whether or not improving the Medicaid reimbursement rate would help those ambulances who have less frequent calls but still need to be on call. Improving Medicaid reimbursement schedule would have a significant financial impact on the smaller ambulance services.

June Herman (American Heart Association) testified that they are supportive of the whole issue of the chain of survival. An essential piece in that chain is the EMS response community. They are supportive of a package of EMS related bills this session. They think there are some serious issues that do need to start to be addressed now for the health of the EMS system in ND. As the state reaches out to more tourism and to improve the workplace viability of the smaller community for economic development, the level of service for EMS is going to be a critical factor in how that service is delivered.

There was no opposing testimony.

Tim Meyer (Department of Health) offered that the department is neutral on this because of the fiscal implication. To answer a question posed earlier about the NHTSA study and the trauma study, he said they do have some commonalities. The NHTSA study will not give a comprehensive look at the trauma system. The trauma study will not give a comprehensive look at the ambulance system. The trauma study will deal more so with hospitals and

physician services and patient care at the hospital which will include some explanation of how the ambulance ties into the trauma system. The NHTSA side will look closer at the ambulance services but not in depth into the trauma system.

Senator J. Lee stated that the two could really complement each other.

Mr. Meyer said that is the goal.

Senator Heckaman referred to reimbursement by Medicaid. She asked how the reimbursement percentages get lifted out.

Mr. Meyer replied that human services department just sets a schedule of what they will pay. The health department doesn't do any of the reimbursement so it's not part of their budget.

Some discussion followed on how that percentage is set.

Senator Dever asked if it would make sense as they move forward on this bill to leave it at $1 million and add another $1 million to Medicaid to increase reimbursement to ambulance services which would bring $2 million of federal money.

Some discussion resulted in the thought that it might be worth looking at.

With no further testimony, the hearing on HB 1296 was closed.

JOB # 4607

Chairman Senator J. Lee opened HB 1296 for discussion and recognized Maggie Anderson for information.

Maggie Anderson (Dept. of Human Services) told the committee that the departments OAR which was to take ambulance services from the Medicaid rates to the Medicare rates was $239,000 in general funds. That would allow them to draw on another $425,000 of federal funds. That would just bring them up to the Medicare rates.

There was some discussion on the costs and reimbursement of ambulance services.

Dean Lampe (Executive Director, EMS Association) expressed his concern about the method of trying to access more federal funds they were looking at. (Meter 02:55) That would not target the ambulance services that need to be targeted.

Senator J. Lee asked if, in his opinion, they would be better off with the amendment as it came to them.

Mr. Lampe said yes.

(Meter 04:22) Mr. Lampe provided the committee with information on vulnerable ambulance services (attachment #3). It included a chart sorted by EMT's on the roster, a chart sorted by mean age, and a map.

He said the $2 million is enough to get them started and they would recommend that it comes from general fund money through the grant process so they target the ambulance services that need it and not necessarily the ambulance services that are receiving the Medicaid reimbursement.

Senator Dever asked what the yellow circles meant on the map.

Mr. Lampe explained that the yellow circles are the ambulances services that are on the worksheet.

Senator Heckaman asked if he had considered anything on the reservation.

Mr. Lampe said what he had considered was just the basic life support. None of the advanced support services are threatened and they are not on the map.

Senator Dever said when they looked at the commitment of the counties, cities, townships, ambulance districts; it didn't look like they necessarily saw the financial need.

Mr. Lampe said it is an interesting dynamic that goes on in the small community or area. Some areas don't want to put tax levies on because the people are so generous with fund

raisers and local support. They feel a local mill levy would be so small and it would harm their ability to raise money.

(Meter 13:55) There was some discussion on the frequency of ambulance runs and the need for 80-90 ambulance services in ND. A large number of ambulance calls are transfers to and from the small rural hospitals into the major cities so they can get the care that isn't provided in the smaller hospitals.

Senator Erbele moved to amend HB 1296 (amendment 70494.0302).

Senator Warner seconded the motion.

Roll call vote 6-0-0. Amendment accepted.

Senator Warner moved a Do Pass as amended on HB 1296 and rerefer to appropriations.

The motion was seconded by Senator Erbele.

Roll call vote 6-0-0. Motion carried. Carrier is Senator Warner.

70494.0302
Title.0400

Prepared by the Legislative Council staff
for Senator Erbele
February 26, 2007

3-9-7

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1296

Page 2, after line 2, insert:

"**23-40-03. Strategic plan.** The state department of health shall establish and update regularly a strategic plan for an integrated emergency medical services program in this state which includes a comprehensive statewide emergency medical services system. The strategic plan may include consideration of transportation distances to hospitals, the size of service areas, the distance between emergency medical services operations, the age of emergency medical services personnel, the use of and the willingness to use first responders, the feasibility of consolidation of emergency medical services operations, the types of calls received, and call volume."

Page 2, line 3, replace "**23-40-03**" with "**23-40-04**"

Page 2, line 4, after the first "determinations" insert ", level of local matching funds determinations,"

Page 2, line 6, replace "and continually update this strategic plan for an" with "a sliding percent formula for determining the percentage of an applicant's local matching fund obligation. The sliding percent formula must be based on the department's strategic plan and must include consideration of how the applicant fits into the strategic plan and consideration of the needs of emergency medical services operations in the applicant's neighboring service areas."

Page 2, remove line 7

Page 2, line 8, remove "emergency medical services system."

Page 2, line 10, replace "equal to seventy-five" with "at the level determined by the state health officer, but which must be at least ten percent but not more than ninety"

Page 2, line 12, replace "**23-40-04**" with "**23-40-05**"

Page 2, line 16, replace "**23-40-05**" with "**23-40-06**"

Page 3, line 6, replace "23-40-04" with "23-40-05"

Page 3, line 22, replace "$1,000,000" with "$2,000,000"

Renumber accordingly

Date: 3-7-07

Roll Call Vote #: 1

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1296

Senate **HUMAN SERVICES** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken Amendments

Motion Made By Sen. Erbele Seconded By Sen. Warner

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V. Chair	✓		Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Date: 3-7-07

Roll Call Vote #: 2

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1296

Senate **HUMAN SERVICES** Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 70494.0302

Action Taken Do Pass / amended / rerefer

Motion Made By Sen. Warner Seconded By Sen. Erebele

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V. Chair	✓		Senator Jim Pomeroy	✓	
Senator Dick Dever	✓		Senator John M. Warner	✓	

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator Warner

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1296, as reengrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1296 was placed on the Sixth order on the calendar.

Page 2, after line 2, insert:

"**23-40-03. Strategic plan.** The state department of health shall establish and update regularly a strategic plan for an integrated emergency medical services program in this state which includes a comprehensive statewide emergency medical services system. The strategic plan may include consideration of transportation distances to hospitals, the size of service areas, the distance between emergency medical services operations, the age of emergency medical services personnel, the use of and the willingness to use first responders, the feasibility of consolidation of emergency medical services operations, the types of calls received, and call volume."

Page 2, line 3, replace "**23-40-03**" with "**23-40-04**"

Page 2, line 4, after the first "determinations" insert ", level of local matching funds determinations,"

Page 2, line 6, replace "and continually update this strategic plan for an" with "a sliding percent formula for determining the percentage of an applicant's local matching fund obligation. The sliding percent formula must be based on the department's strategic plan and must include consideration of how the applicant fits into the strategic plan and consideration of the needs of emergency medical services operations in the applicant's neighboring service areas."

Page 2, remove line 7

Page 2, line 8, remove "emergency medical services system."

Page 2, line 10, replace "equal to seventy-five" with "at the level determined by the state health officer, but which must be at least ten percent but not more than ninety"

Page 2, line 12, replace "**23-40-04**" with "**23-40-05**"

Page 2, line 16, replace "**23-40-05**" with "**23-40-06**"

Page 3, line 6, replace "23-40-04" with "23-40-05"

Page 3, line 22, replace "$1,000,000" with "$2,000,000"

Renumber accordingly

2007 SENATE APPROPRIATIONS

HB 1296

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1296

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 03-16-07

Recorder Job Number: 5209

Committee Clerk Signature Alice Delzer

Minutes:

Chairman Holmberg opened the hearing on HB 1296.

Representative C.B. Haas, District 36, Taylor, introduced HB 1296 indicating he got involved in this effort last October when the ND EMS Association sponsored regional meetings across the state in describing the situation that exists with our EMS services in ND. He expressed the dire need that exists and the necessity of addressing the issue in a proactive manner to eliminate the huge voids of EMS services. There is a long range plan in connection with the bill which involves county commissioners, the state Health Department, the EMS units both urban and rural and putting together a comprehensive plan to ensure citizens of ND have reasonable EMS services available.

Representative Gerry Uglem from District 19, Grand Forks, testified in support of HB 1296, indicating both he and his wife served on the ambulance for 18 years and we know first hand how hard it is to recruit new members. He indicated this bill is the beginning of reorganizing EMS. It provides a way to save EMS services and provides funds to employ an EMT manager. It provides for a National Transportation administration study of the EMS system and begins the development of a comprehensive statewide emergency medical system.

Representative Skarphol and Jim Lampe with EMS Association worked together to prepared

amendments to the Human Services Committee. He urged keeping the appropriations at their current level as they are the minimum needed.

Dean Lampe, Executive Director, ND EMS Association, presented written testimony (1) and testified in support of HB 1296 indicating there is a severe problem with the rural EMS coverage. The two major problems are the shortage of volunteers and the absence of adequate funding. ND had over 58,000 runs last year, provided by 140 ambulance services..

Mike Hall, Fargo EMS, testified in support of HB 1296, indicating that Cass County responds to 9,000 cases a year and that operationally HB 1296 is very important. If services in the Fargo area have to close it would be their current service would have to cover those areas. He indicated it is crucial to have volunteer services operating.

Senator Bowman questioned whether they belong to a statewide organization or is it just your county. The response was there is a State EMS disaster response system

Senator Bowman questioned what they have done to fix the problems in all these years; I have a hard time understanding the problem for what they charge. The response was that the big part of oproviding services is the cost for readiness. We are challenged with reimbursements; those that have insurance coverage are subsidizing the services. Once reimbursement levels are raised it could keep the costs down.

Senator Bowman indicated with that kind of charge, there should be money in that organization to discuss these issues.

James Owen, President, Gackle Ambulance Service one of the smallest services in the area, testified in support of HB 1296 indicating Gackle is in serious danger of shutting down. There are not enough personnel. They have about 40-60 runs a year. They don't have enough funds to bring in a nurse. There are only three EMT's on the squad and two drivers. They have been hanging on by a thread and are losing one of their people.

Senator Robinson asked how large his district is and what the next closest service is. The response was the area is 25 mile around Gackle and Medina is the closest service at 30 miles away. Napoleon is 40 miles and they are also in extreme danger of closing.

Mary Ann Schmitt, Director, Mercer County Ambulance, testified in support of HB 1296 and showed a map of the service area to address the questions of proximity to Gackle.

Senator Bowman questioned whether she received financial help through the county directors or cities she covers. The response was they currently do not. There have been county taxes in the past but currently not.

Senator Bowman questioned the reason they do not support that. The response was the counties said if the service goes under to come back to them and they will help.

Senator Wardner questioned whether she serviced the power plants and mines in the area too. The response was they do and a lot of their 37 active EMT's come from the plants and without the plants the service would be in dire straights for volunteers and the industry pays for their relicensure and training.

Senator Christmann indicated it seems that you cover a lot more then 1000 square miles and a lot of your time is spent hauling patients to Bismarck. The response was they do 600 calls a year and half of those are transports to Bismarck which is 75 miles from the hospital to Bismarck and takes about four hours.

Mr. Lampe then presented additional testimony explaining the bill.

Senator Robinson question if he had a map indicating where the services were located statewide and if there were areas that had no coverage. The response was Yes there is a map and no every part of the state is covered.

Senator Krauter asked if more money is put in, what it would go for. The response was that there are 50 ambulance services that directly need help. They would ask locals to provide a match for a portion of the amount appropriated to each service.

Chairman Holmberg closed the hearing on HB 1296.

Nancy Capes, Supervisor, Altru Health System Ambulance Service, Grand Forks, submitted written testimony, in support of HB 1296.

2007 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1296

Senate Appropriations Committee

☐ Check here for Conference Committee

Hearing Date: 03-22-07

Recorder Job Number: 5484

Committee Clerk Signature Alice Delzer

Minutes:

Chairman Holmberg opened the hearing on HB 1296. He stated the amendment (.0400) will be discussed. This is the bill that has quite a few versions of it. At the present time there is $2 million in here from the Insurance Tax Distribution Fund and there is $30,000.00 for a study out of the general fund.

Senator Grindberg moved that we amend this down, the $2 million to $1.5 million. Senator Fischer seconded. Senator Holmberg explained this is still amendment .0400. Discussion followed.

Senator Krauter had questions regarding the starting dollar amount and the fact that the amendments are moving the dollar amount down.

Chairman Holmberg stated the bill came in at $5 million, the House reduced it to $1 million and Human Services went to $2 million and so this amendment would be half way between what the House passed and what the Senate Human Services Committee passed.

Senator Fischer stated he also supports the $1.5 million.

Senator Krauter requested a roll call vote on the amendment. Chairman Holmberg stated we will have a roll call vote on the amendment. Would you call the roll on the

Senator Lindaas asked where exactly does this $1.5 million end up? How is it divided up?

Senator Holmberg stated it goes to the Health Department. They do grants. He asked for a roll call on the amendment. **A roll call vote was taken on the amendment resulting in 8 yeas, 6 nays, 0 absent.**

Senator Krebsbach moved a DO PASS AS AMENDED. Seconded by Senator Wardner. A roll call vote was taken resulting in 14 yeas, 0 nays, 0 absent. The motion carried, Senator Warner from Human Services will carry the bill.

The hearing on HB 1296 closed.

Date: 3-22-07
Roll Call Vote #:

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1296

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number move amend down to $1.5 mil

Action Taken

Motion Made By Grindberg Seconded By Fischer

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm	✓		Senator Aaron Krauter		✓
Senator Bill Bowman, V Chrm	✓		Senator Elroy N. Lindaas		✓
Senator Tony Grindberg, V Chrm	✓		Senator Tim Mathern		✓
Senator Randel Christmann	✓		Senator Larry J. Robinson		✓
Senator Tom Fischer	✓		Senator Tom Seymour		✓
Senator Ralph L. Kilzer	✓		Senator Harvey Tallackson		✓
Senator Karen K. Krebsbach	✓				
Senator Rich Wardner	✓				

Total (Yes) 8 No 6

Absent

Floor Assignment amendment

If the vote is on an amendment, briefly indicate intent:

Date: 03-22-07
Roll Call Vote #:

2007 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1296

Senate Appropriations Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken do pass as amended by Grindberg

Motion Made By Krebsbach Seconded By Wardner

Senators	Yes	No	Senators	Yes	No
Senator Ray Holmberg, Chrm	✓		Senator Aaron Krauter	✓	
Senator Bill Bowman, V Chrm	✓		Senator Elroy N. Lindaas	✓	
Senator Tony Grindberg, V Chrm	✓		Senator Tim Mathern	✓	
Senator Randel Christmann	✓		Senator Larry J. Robinson	✓	
Senator Tom Fischer	✓		Senator Tom Seymour	✓	
Senator Ralph L. Kilzer	✓		Senator Harvey Tallackson	✓	
Senator Karen K. Krebsbach	✓				
Senator Rich Wardner	✓				

Total (Yes) 14 No

Absent

Floor Assignment Krebsbach check with HS. Warner.

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1296, as reengrossed and amended: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1296, as amended, was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the Senate as printed on pages 746 and 747 of the Senate Journal, Reengrossed House Bill No. 1296 is amended as follows:

Page 2, after line 2, insert:

"**23-40-03. Strategic plan.** The state department of health shall establish and update regularly a strategic plan for an integrated emergency medical services program in this state which includes a comprehensive statewide emergency medical services system. The strategic plan may include consideration of transportation distances to hospitals, the size of service areas, the distance between emergency medical services operations, the age of emergency medical services personnel, the use of and the willingness to use first responders, the feasibility of consolidation of emergency medical services operations, the types of calls received, and call volume."

Page 2, line 3, replace "**23-40-03**" with "**23-40-04**"

Page 2, line 4, after the first "determinations" insert ", level of local matching funds determinations,"

Page 2, line 6, replace "and continually update this strategic plan for an" with "a sliding percent formula for determining the percentage of an applicant's local matching fund obligation. The sliding percent formula must be based on the department's strategic plan and must include consideration of how the applicant fits into the strategic plan and consideration of the needs of emergency medical services operations in the applicant's neighboring service areas."

Page 2, remove line 7

Page 2, line 8, remove "emergency medical services system."

Page 2, line 10, replace "equal to seventy-five" with "at the level determined by the state health officer, but which must be at least ten percent but not more than ninety"

Page 2, line 12, replace "**23-40-04**" with "**23-40-05**"

Page 2, line 16, replace "**23-40-05**" with "**23-40-06**"

Page 3, line 6, replace "23-40-04" with "23-40-05"

Page 3, line 22, replace "$1,000,000" with "$1,500,000"

Renumber accordingly

2007 HOUSE APPROPRIATIONS

CONFERENCE COMMITTEE

HB 1296

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1296

House Appropriations Committee
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 12, 2007

Recorder Job Number: 5947

Committee Clerk Signature Donna P Kramer

Minutes: Conference Committee met in the Roughrider room to discuss the **HB 1296.**

Committee members present: Chairman Wieland, Representatives Bellew and Metcalf; Senators Erbele, Dever, and Warner.

Chairman Wieland opened the meeting stating the bill was basically on rural ambulances. Basically, there is one issue ... when we sent the bill over from the House ... it was with 1 million dollars and you have added a half million dollars. Is there another issue?

Senator Erbele: From our part, there is no issue at all.

Representative Bellew: Would it appropriate to have the Senate explain what they did?

Senator Erbele: The bill started with 5 million and it was cut to 1 million. As it came to us, amendments were offered to put it back to 2 million. Then our Senate Appropriations brought it back to 1.5 million. Basically, that is the trail of the money. We feel the 1.5 million is really a minimum to maintain rural services in these critical areas.

Chairman Wieland: There is also a match, is there not? On Page 2, line 10.

Senator Erbele: That was also one of the amendments that we put on in the Senate policy committee. It was a 75% local match component ... estimated on a sliding scale.

Senator Dever: One of the reasons that we went from 1 million to 1 ½ million in the policy committee is because we heard testimony from the EMS association in the person of Dean

Lampe ... might be beneficial to hear his comments at this point. His comments served to justify the difference.

Representative Bellew: We are here to discuss the issues of the differences of the House and the Senate. At this time, Mr. Chairman, I don't think more testimony is really needed, unless you disagree with that.

Chairman Wieland: If I opened it up, it will be just to one issue and it will not be opening to testimony. This will be just to answer a specific question or two. I will allow that. We did hear testimony and I think it is safe to say that this is a brand new program and secondly we still have a budget to balance. We have to look at those numbers. If there is a specific question ... hesitant to open it up for testimony.

Senator Dever: My question is, "How do you justify 1 ½ over 1 million?" He made some pretty compelling arguments.

Chairman Wieland: Will allow Mr. Lampe two minutes.

Dean Lampe, Ex. Dir. Of ND EMS Association: You all have recaptured the history of the bill. What is the difference between 1 ½ dollars and 1 million dollars? We have identified fully, statistically, 1/3 of our 120 basic life support ambulance services that are threatened. In round numbers, that's 40. Where we are with 1 million, we could at a mid-point grant amount of $20,000 per year, do 33 ambulance services. At 1 ½ million, we could do 40. We have begun this program at 5 ½ million where we could have helped 90 ambulance at a midpoint of $30,000. Our fear is, quite frankly, if we expose those vulnerable ambulance services to 40, there will be another 40 ambulance services behind them that also collapse due to the fact that they have to absorb the next closest ambulance territories. In summary, 1 ½ million lets us do 40 ambulance services - the most critical. One million leaves us short.

Representative Bellew: Questioned whether the state has funded before? What is the money actually going to be used for? Where does the money come from? What is the impact?

Senator Dever: Comprehensive questions ... put in writing and we can bring a response to the next committee meeting.

Representative Bellew: Will do that.

Senator Dever: Made observation that he is a Bismarck legislator. Our local ambulance service is not directly affected by this legislation. But, there is a concern of viability of the rural ambulance services. If area ambulance services are placed in jeopardy, then the local ambulances have an expanded responsibility.

Representative Metcalf: Stated that in the history of the Emergency Services, in every session since he has been here (his 5th session), we have always had a problem in the ambulance services area. It seems like this state is reluctant to provide the amount of money that is necessary to carry this forward in a process that will insure they're going to be there for a considerable period of time. We have to take a serious look at 1 ½ million.

Representative Wieland: Will not reach a settlement today. Our next meeting will be next week.

Adjournment.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. **1296**

House Appropriations Committee

☒ Check here for Conference Committee

Hearing Date: **16 April 2007**

Recorder Job Number: **6029**

Committee Clerk Signature Jan Prindle

Minutes:

Attending: Representatives Wieland, Bellew, Metcalf and Senators Erbele, Dever, Warner.

Chairman Wieland opened the conference committee on HB 1296. Is there any new information? Questions?

Senator Warner: The Senate has prepared a written response to the House's queries. **(Attached.)** He read through the responses.

Representative Bellew: You stated that the money not used goes back to the GF and these are GF dollars? When budgets are prepared is this budget is used to balance the overall state budget. If we use money from the GF how do we balance the budget?

Senator Warner: Yes to all. I would imagine you make some adjustments to the ending fund balance.

Senator Dever: Is the GF the appropriate use of insurance tax dollars? It could be argued that ambulance service is appropriate as well.

Representative Wieland: I hear a lot about ambulance services and first responders. Are first responders at all involved with this? I don't recall that has been a part of this discussion. I think this has been just rural ambulance organizations but are first responders involved in any way. Will they receive money from any of these grants.

Senator Warner: My understanding is that there is a hierarchy of training within the EMS system and the first responders are the most basic of all responders. The EMTs follow the ambulance and the first responders turn it over to the EMTs. My understanding is that the grant would follow the strategic plan as developed by the Department of Health. The legislation is not that specific to that issue. If the DoH determined that first providers would be part of that strategic plan for the development and delivery of services, then they would be eligible. If they determined they were a stand alone volunteer service, then perhaps not.

The issue of fees from billed services; it's the Senate's contention that if the state were funding Medicaid properly perhaps rural ambulances wouldn't be in such poor shape. They would be adequately compensated through the regular mechanism and we wouldn't have to use this back door approach to try to supplant those funds.

Representative Bellew: One of your responses was that the DoH will help to administer this bill. Will they have to hire another FTE for this?

Senator Warner: It's not in the bill. I would anticipate they would be able to do that within their current revenues.

Representative Bellew: The money will go to fund an employee and then man the day shift for a lot of these small ambulances. Is that correct?

Senator Warner: It would depend on the strategic plan. It would be a unique circumstance for each ambulance company. I will use the example Velva. Velva has a great deal of volunteers but it's also a bedroom community of Minot. During the day there is hardly anybody in Velva. At night they have no trouble. So Velva currently hires someone to come in from Rugby during the day just to baby sit the ambulance during the day and make sure it's available for call. Every situation is going to be different. That's why there is a call for a strategic plan to be developed.

Senator Erbele: As far as the Medicaid reimbursements a thing about ambulance services that is unique to other providers—other providers can refuse services but ambulances can not. They have to serve everybody. I was an EMT for 10 years and I lived 25 miles from the closest hospital. Typically EMTs are closer to the hospital so they can get on the ambulance and go. In my situation I was never one to be called out on the emergency unless there was one out in my area. Then I was treated like a first responder although I had a higher level of training which is an advantage. State radio would call me if I was closer to the site so many times I'd get there before the ambulance and have the scene stabilized. We also had the situation in the community with the hospital of people working especially during the winter months I would offer my services as a transfer driver. There were many times I made two trips a day to Bismarck just covering for people that had to work. That was mostly on a volunteer basis plus me having to drive the 25 miles to even get to the ambulance in the first place and then going home again.

Representative Metcalf: We have talked about the use of GF for supporting this. Let's take a look at it realistically; aren't we using GF to support everything we do especially in human services and in the health department. We use GF to match federal funds that are available. I haven't been able to determine between what GF is and what are special funds because one transfers in to the other on many different occasions. Now by this bill being written up to the point where assistance to the level is such that it is on a sliding scale, where we are looking at the necessity for the ambulance service that needs the additional funds to be able to justify it to the Health Department that they need this additional money to keep their facilities going. I guess we can say that maybe the guy's life is not important to us. I think it is. I think it is very much important to us. If we have to provide a little additional funding here from an area that is very much needed or available, let's do it and provide this funding that's been requested.

Chairman Wieland: I'm not getting the vibe that either side is ready to concede at this particular point. What I suggest is that adjourn for the day and that we delay meeting for two days at which time we will get some indication that we can start to resolve this issue.

Adjourned.

2007 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB1296

House Appropriations Committee
Human Resources Division

☒ Check here for Conference Committee

Hearing Date: April 19, 2007

Recorder Job Number: 6173

Committee Clerk Signature Holly N. Hurd / Donna Kramer

Minutes: Conference Committee met in the Sakakawea room to discuss the **HB 1296. All committee members present: Chairman Wieland, Representatives Bellew and Metcalf; Senators Erbele, Dever, and Warner.**

Chairman Wieland opened the meeting regarding rural ambulances and asked if anyone had anything to propose.

Senator Dever: Stated he wanted to be sure he had everything in order. Point of contention was the dollars, it is my understanding that we are in agreement on the amendments.

Representative Wieland: As far I know. Nothing else has been brought to my attention.

Representative Bellew: It is my understanding also that the only disagreement was with the dollars.

Senator Dever: Prepared to make an offer that the **Senate recede from its amendments to adopt the amendments that were otherwise involved and change the dollar amount from $1,500,000 to $1,250,000.**

Senator Warner: Seconded the motion.

Representative Bellew: Basically what you saying is that you recede from your amendments and further amend. Proper motion?

Senator Dever: Recede from the amendments and further amend to change the dollar amounts.

Representative Metcalf: Any discussion from the ambulance services? Have they decided that this is acceptable to them?

Senator Dever: They would like as much as they could get. The bill started at 5 or 5 ½ million. We all recognize the needs that rural ambulance services have and we need an infusion of dollars to keep many of them viable. But, we are coming down to balancing things out here. The dollars we are talking about is going to be a big difference for them.

Representative Metcalf: We are looking at the situation in two years from now where we will have this strategic plan and all the information. They'll look at that and they'll be able to say we need an ambulance here ... present to us a plan on providing ambulance services for our less populated areas. Is that the idea or are we just going to ahead and basically try to fill up a hole every year?

Senator Dever: We should be able to develop a strategic plan and how best to implement that plan in the next session.

Discussion on the amendments and amendment changing the amount of money.

Representative Wieland: As I understand it at $20,000 per unit with the million dollars, they would be able to serve 33 rural ambulance areas. And, with 1 ½ million dollars, it was 40.

Senator Dever: Complimented the director of the ambulance services.

Representative Wieland: Told that not only was the money important, but the bill itself was important. They wanted to make sure they didn't lose that. At least we have some money and we have preserved the bill.

Senator Erbele: Commented it is really important for the urban people to understand how important a role ambulance services are. Any time you need services, when traveling, you're going to be at the call of one of those emergency rural services. Need support.

Representative Metcalf: I think the sliding scale is a good thing for that particular purpose. It makes a step in the right direction.

Roll Call Vote: Rep. Wieland - yes, Rep. Bellew - yes, Rep. Metcalf - yes, Sen. Erbele - yes, Sen. Dever - yes, Sen. Warner - yes.

Motion passes.

Adjournment.

Prepared by the Legislative Council staff for
Representative Wieland
April 21, 2007

VR
4/21/07

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1296

That the Senate recede from its amendments as printed on pages 1325 and 1326 of the House Journal and page 962 of the Senate Journal and that Reengrossed House Bill No. 1296 be amended as follows:

Page 2, after line 2, insert:

"**23-40-03. Strategic plan.** The state department of health shall establish and update regularly a strategic plan for an integrated emergency medical services program in this state which includes a comprehensive statewide emergency medical services system. The strategic plan may include consideration of transportation distances to hospitals, the size of service areas, the distance between emergency medical services operations, the age of emergency medical services personnel, the use of and the willingness to use first responders, the feasibility of consolidation of emergency medical services operations, the types of calls received, and call volume."

Page 2, line 3, replace "**23-40-03**" with "**23-40-04**"

Page 2, line 4, after the first "determinations" insert ", level of local matching funds determinations,"

Page 2, line 6, replace "and continually update this strategic plan for an" with "a sliding percent formula for determining the percentage of an applicant's local matching fund obligation. The sliding percent formula must be based on the department's strategic plan and must include consideration of how the applicant fits into the strategic plan and consideration of the needs of emergency medical services operations in the applicant's neighboring service areas."

Page 2, remove line 7

Page 2, line 8, remove "emergency medical services system."

Page 2, line 10, replace "equal to seventy-five" with "at the level determined by the state health officer, but which must be at least ten percent but not more than ninety"

Page 2, line 12, replace "**23-40-04**" with "**23-40-05**"

Page 2, line 16, replace "**23-40-05**" with "**23-40-06**"

Page 3, line 6, replace "23-40-04" with "23-40-05"

Page 3, line 22, replace "$1,000,000" with "$1,250,000"

Renumber accordingly

REPORT OF CONFERENCE COMMITTEE
(ACCEDE/RECEDE)

Bill Number 1296 (, as (re)engrossed) Date: 04-19-07

Your Conference Committee House Appropriations

For the Senate:	YES	NO	For the House:	YES	NO
Sen. Erbele	X		Rep. Wieland	X	
Sen. Dever	X		Rep. Bellew	X	
Sen. Warner	X		Rep. Metcalf	X	

Recede and amend to $1,250,000

recommends that the (SENATE/HOUSE) (ACCEDE to) (RECEDE from)

the (Senate/House) amendments on (SJ/HJ) page(s) _____ -- _____

____, and place _____ on the Seventh order.

____, adopt (further) amendments as follows, and place _____ on the Seventh order:

____, having been unable to agree, recommends that the committee be discharged and a new committee be appointed.

((Re)Engrossed) HB 1296 was placed on the Seventh order of business on the calendar.

DATE: 4/19/07
CARRIER: Rep. Wieland

LC NO.	of amendment
LC NO.	of engrossment
Emergency clause added or deleted	
Statement of purpose of amendment	

MOTION MADE BY: Sen. Dever

SECONDED BY: Sen. Warner

VOTE COUNT 6 **YES** 0 **NO** 0 **ABSENT**

Revised 4/1/05

REPORT OF CONFERENCE COMMITTEE

HB 1296, as reengrossed: Your conference committee (Sens. Erbele, Dever, Warner and Reps. Wieland, Bellew, Metcalf) recommends that the **SENATE RECEDE** from the Senate amendments on HJ pages 1325-1326, adopt amendments as follows, and place HB 1296 on the Seventh order:

That the Senate recede from its amendments as printed on pages 1325 and 1326 of the House Journal and page 962 of the Senate Journal and that Reengrossed House Bill No. 1296 be amended as follows:

Page 2, after line 2, insert:

"**23-40-03. Strategic plan.** The state department of health shall establish and update regularly a strategic plan for an integrated emergency medical services program in this state which includes a comprehensive statewide emergency medical services system. The strategic plan may include consideration of transportation distances to hospitals, the size of service areas, the distance between emergency medical services operations, the age of emergency medical services personnel, the use of and the willingness to use first responders, the feasibility of consolidation of emergency medical services operations, the types of calls received, and call volume."

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Page 3, line 6, replace "23-40-04" with "23-40-05"

Page 3, line 22, replace "$1,000,000" with "$1,250,000"

Renumber accordingly

Reengrossed HB 1296 was placed on the Seventh order of business on the calendar.

2007 TESTIMONY

HB 1296

Executive Offices
622 E. Interstate Ave.
smarck, ND 58503

(701) 221-0567 Voice
(701) 221-0693 Fax
(877) 221-3672 Toll Free
www.ndemsa.org

HB 1296

January 17, 2007

Testimony – House Human Services Committee
North Dakota EMS Association
Dean Lampe, Executive Director

Good Morning, Chairman Price and members of the committee. My name is Dean Lampe, and I am the Executive Director of the North Dakota Emergency Medical Service (EMS) Association. Thank you for the opportunity to testify in support of HB 1296.

This bill for your consideration is, for a lack of a better term, a sister bill to HB 1162 which was just heard. It provides for an appropriation of $5.5 million for EMS and a way to help defray the costs which will obviously occur as North Dakota seeks to stabilize and secure our EMS delivery system.

I must apologize for the amendments which are required and I will speak about them now. It was our intention to identify the Insurance Premium Tax which accounts for some $50M in state revenue as the source for the $5.5M appropriation contained in the bill. Presently, as the committee is aware, $6.2M is appropriated from specific property and peril insurance policies collected under the premium tax and this appropriation is distributed by the Insurance Commissioner to North Dakota's fire departments, fire service districts and the firefighters association. It was our intention to also show a nexus between other types of insurance premiums, i.e. healthcare and auto with EMS; just as the firefighters had done with property and peril. However, when the bill was drafted and in the form you see it in front of you, the bill would threaten the amount of money available for the fire appropriation. These amendments should answer this concern and remedy the problem.

Essentially, the components of the bill should be relatively simple. Appropriate $5.5M for EMS and have the state health council develop rules regarding disbursement to our state's

licensed EMS operations. More specifically, we envision a system of distribution which is similar to other rural states where "access critical ambulance services" and "vulnerable ambulance services" are identified. We also would envision a formula developed in the administrative rules process, where ambulance services could be classified and scored based on a number of appropriate criteria, namely:

- The distance from a hospital – A service that is farther away from a hospital would score higher in this category
- The distance from the next ambulance service – A service that is farther away from the next ambulance service would score higher in this category
- Size of service area – A service able to serve a larger service area would score higher in this category
- Number of emergent and transfer calls – a service would score higher if more calls were necessary
- The age of the EMS providers – a service would score higher if the average age of the providers was older
- The financial viability of the service would be considered
- The willingness of the service to consolidate and/or merge with other services would be considered
- A business plan to achieve self sufficiency would be required

Although the final authority to determine the criteria will rest with the health department, we also would envision the involvement of the Division of Emergency Medical Services, EMS Advisory Committee which has representation from all facets of the EMS community, physicians, hospitals, public health, state trauma coordinator, state EMS for children coordinator, state EMS training coordinator, and a representative from the EMS Association as members on the committee.

Madam Chair and members of this committee, North Dakota EMS needs your help and support. We urge you to recommend a Do-Pass on HB 1296. I would be happy to answer questions the committee may have.

North Dakota Trauma Regions

Scale 1 : 2,800,000

1" = 44.19 mi

Data Zoom 6-2

NORTH DAKOTA TRAUMA CENTERS BY REGIONS

Level II - 6
Level III - 1
Level IV - 20
Level V - 11
Non-Des - 8

SOUTHWEST REGION:

Level II Trauma Hospitals
- St. Alexius Medical Center – Bismarck
- MedCenter One – Bismarck

Level III Trauma Hospitals
- St. Joseph's Hospital – Dickinson

Level IV Trauma Hospitals
- Ashley Medical Center – Ashley
- West River Regional Medical Center – Hettinger
- Sakakawea Medical Center - Hazen
- SW Health Care Services – Bowman
- St. Aloisius Medical Center - Harvey

Level V Trauma Hospitals
- Community Memorial Hospital - Turtle Lake
- Jacobsen Memorial Hospital – Elgin
- McKenzie County Health Systems – Watford City
- Linton Hospital – Linton
- Wishek Community Hospital - Wishek

Non-Trauma Designated – Richardton Health Center – Richardton
Standing Rock Hospital - Fort Yates

SOUTHEAST REGION:

Level II Trauma Hospitals
- MeritCare Hospital – Fargo
- Innovis Health – Fargo

Level IV Trauma Hospitals
- Jamestown Hospital - Jamestown
- Mercy Hospital - Valley City
- St. Francis Medical – Breckenridge, MN
- Oakes Community Hospital – Oakes
- Carrington Health Center – Carrington
- Lisbon Area Health Services - Lisbon

Level V Trauma Hospitals
- Union Hospital - Mayville

Non-Trauma Designated – Cooperstown Medical Center -Cooperstown
Hillsboro Medical Center – Hillsboro

NORTHWEST REGION:

Level II Trauma Hospitals
- Trinity Hospital – Minot

Level IV Trauma Hospitals
- Heart of America Medical Center - Rugby
- Garrison Memorial Hospital - Garrison
- Towner County Medical Center - Cando
- St Andrews Medical Center - Bottineau
- Quentin Burdick Health Care Facility - Belcourt
- Mercy Medical – Williston

Level V Trauma Hospitals
- Tioga Medical Center – Tioga
- Kenmare Community Hospital – Kenmare
- Mountrail County Medical Center - Stanley

Non-Trauma Designated – St. Luke's Hospital – Crosby
Presentation Medical Center - Rolla

NORTHEAST REGION:

Level II Trauma Hospitals
- Altru Hospital - Grand Forks

Level IV Hospitals
- Unity Hospital - Grafton
- St. Ansgar's Hospital - Park River
- Pembina County Memorial Hospital – Cavalier

Level V Trauma Hospitals
- Northwood Deaconess Health Center – Northwood
- Mercy Hospital – Devils Lake

Non-Trauma Designated – Cavalier County Memorial Hospital – Langdon
Nelson County Health System - McVille

A Level I trauma center has the highest level of capabilities available. **(ND DOES NOT HAVE A LEVEL I HOSPITAL)**

Generally, these trauma centers are attached to medical schools or will have residency programs because of the in-house requirements.

Requirements for a Level I trauma center include:

- In-house emergency medicine, general surgery, anesthesia capability at all times
- Other specialists must be on-call and must respond within a short time to a trauma alert
    - Cardiac surgery
    - Hand surgery
    - Neurologic surgery
    - Obstetrics/gynelogic surgery
    - Pediatric surgery
    - Ophthalmic surgery
    - Reconstructive surgery
    - Orthopedic surgery
    - Plastic surgery
    - Surgical critical care medicine
    - Radiology
    - Thoracic surgery
- Extensive equipment requirements
- Specific clinical qualifications and trauma-specific continuing medical education requirements for physicians and other medical staff
- Operating Room availability 24/7 and in-house OR staff
- Specific quality improvement monitoring of trauma patient care and continual monitoring of trauma care protocols and policies
- Participation in injury prevention activities within the community
- Research requirements

A Level II trauma center has extensive capabilities and meets the needs of most trauma patients. **(ND HAS 6 LEVEL II HOSPITALS)**

The major difference between Level I and II facilities is that the major surgical specialties are required to be on-call but with the clear commitment to be in the Emergency Department when the patient arrives.

Requirements for a Level II trauma center include:

- In-house emergency medicine and anesthesia capability at all times
- Other specialists must be on-call and must respond within a short time to a trauma alert
    - General surgery
    - Neurologic surgery
    - Obstetrics/gynelogic surgery
    - Ophthalmic surgery
    - Reconstructive surgery
    - Orthopedic surgery
    - Plastic surgery
    - Radiology
    - Thoracic surgery
- Extensive equipment requirements

- Specific clinical qualifications and trauma-specific continuing medical education requirements for physicians and other medical staff
- Operating Room availability 24/7 and OR staff on-call and available 24/7
- Specific quality improvement monitoring of trauma patient care and continual monitoring of trauma care protocols and policies
- Participation in injury prevention activities within the community

A Level III trauma center is a hospital that is committed to caring for the trauma patient, and provides prompt assessment, resuscitation, emergency operations, stabilization and possible transfer to a facility that can provide definitive trauma care. **(ND HAS ONE LEVEL III HOSPITAL)**

Although the specialist and equipment requirements are not as strict for Level III trauma centers, these hospitals must provide prompt general surgical and trauma team response to trauma alerts and care of the trauma patient is monitored by strict quality improvement. Level III trauma centers must meet the minimum requirements listed below, but specialist availability may be more extensive at some hospitals.

Requirements for a Level III trauma center include:

- In-house emergency medicine and anesthesia capability at all times
- Other specialists must be on-call and must respond within a short time to a trauma alert
    - General surgery
    - Radiology
    - Extensive equipment requirements
    - Board certification in the physician's specialty is required and trauma-specific continuing medical education requirements is desired.
    - Operating Room availability 24/7 and OR staff on-call and available 24/7
    - Specific quality improvement monitoring of trauma patient care and continual monitoring of trauma care protocols and policies
    - Participation in injury prevention activities within the community

A level IV trauma center is a hospital that is responsible for resuscitating and stabilizing the severely injured patient and arranging transport to a higher level trauma center as quickly as possible. (ND HAS 19 LEVE IV HOSPITALS)

Requirements for a Level IV trauma center include:

- Trauma Team Activation Plan
- The trauma team leader must be a physician that is current in taking the Advanced Trauma Life Support course and is on call and available within twenty minutes of a trauma code activation.
- Transfer agreements as the transferring facility to a level II trauma center for major trauma care, burn care, rehabilitation service, acute spinal cord and head injury management, and pediatric trauma management must be in place.
- All necessary equipment for trauma resuscitation and stabilization must be available at all time for all ages.
- Performance Improvement Process
- Trauma Transport Protocols

A level V trauma center is also a hospital that is responsible for resuscitating and stabilizing the severely injured patient and arranging transport to a higher level trauma center as quickly as possible. The main difference between a level IV and a level V is that the trauma team leader may be a nurse practitioner or a physician's assistant in a level V hospital. (ND HAS 11 LEVEL V TRAUMA HOSPITALS)

Requirements for a Level V trauma center include:

- Trauma Team Activation Plan
- The trauma team leader physician, nurse practitioner, or physician's assistant that is current in taking the Advanced Trauma Life Support course and is on call and available within twenty minutes of a trauma code activation.
- Transfer agreements as the transferring facility to a level II trauma center for major trauma care, burn care, rehabilitation service, acute spinal cord and head injury management, and pediatric trauma management must be in place.
- All necessary equipment for trauma resuscitation and stabilization must be available at all time for all ages.
- Performance Improvement Process
- Trauma Transfer Protocols

HB 1296 January 17, 2007

Testimony-
LeeAnn Domonoske- Wilton Rural Ambulance District Coordinator

Good Morning Madam Chairwoman Price and members of the committee. My name is LeeAnn Domonoske and I am the Ambulance Coordinator for Wilton Ambulance. Thank you for the opportunity to testify in support of HB 1296.

Wilton is located 21 miles north of Bismarck. The Ambulance District serves the citizens of approximately 550 square miles and all the people traveling through our district. Our service has 25 volunteers and one full time Ambulance Coordinator.

Although the number of 25 volunteers appears to be plenty to run a service: 6 of the volunteers live in Bismarck or Mandan and 6 other volunteers are unable to commit to many shifts due to obligations such as family and employment. Due to a shortage of volunteers, the service took a huge step and hired a full-time EMT for weekday coverage. This extra expense is funded by an extra 5 mill assessment which began in 2003. The majority of the call time falls to 13 volunteers who donate a total of 14,928 hours per year. These problems are not unique to Wilton.

Wilton Ambulance is constantly searching for additional volunteers. As the ambulance coordinator I ask just about every person I come in contact with to join our squad. The running theme among people is they would rather pay for services than volunteer to help operate it, they do not want to commit to a 'set' amount of time, they are leery of the legal issues that come with patient treatment or they want some sort of incentive for ambulance runs which is offered by some services. Our ambulance service is unable to offer any sort of incentive to volunteer. People who do join may quickly burn out due to the demands that are place on their time.

Existing volunteers are constantly asked to give more. More time to cover shifts, more time to required education and more time to fundraising for the service. Unfortunately this can equate into a financial obligation to the volunteers. Our ambulance service is unable to pay for the full cost of education. We are able to fund the cost of the classes or conferences but we are not able to pay for lost wages, mileage to attend the classes, lodging or meals. These costs are absorbed by the volunteers. This is unfortunate given the valuable service they provide to North Dakota.

Wilton Ambulance's main funding is from county mill levies. These funds do not come close to covering the cost of basic operations. We seek outside funding through grants requests and fundraisers. Medical supplies and medications that we are required to carry are expensive. Update equipment is out of our reach do to the costs.

HB 1296 would have a positive effect on ambulance services such as ours who struggle daily with financial issues and I encourage you to recommend a Do-Pass.

Thank you Madam Chair for this opportunity to testify in support of HB 1296 and I would be happy to answer any questions.

HB 1296 January 15, 2007

Testimony – House Human Services Committee
North Dakota EMS Association
Mark Weber, NDEMSA President

Good Morning Chairman Price and members of the committee. My name is Mark Weber, and I am the President of the North Dakota Emergency Medical Services (EMS) Association. I thank you for the opportunity to testify in support of HB 1296.

For more than 30 years the ND EMS Association has been working to keep all ND EMS systems healthy. For the last 15 years, I have been very involved in North Dakota EMS. During this time our association has been saying money is not the solution to our problems, recruitment and retention has been our focus. I think we need to step back and take a hard look at North Dakota demographics. Rural North Dakota is on the loosing end of increasing its rural population. It just won't happen and we need to accept that. EMS, like most volunteer organizations including fire departments are struggling to recruit new providers. The totally volunteer way of providing EMS is just not going to work in the future.

There are a few success stories in North Dakota. Six or seven years ago Wilton Ambulance Service was almost ready to surrender their license and close their doors. Since then, they have created an ambulance service district, now they generate enough money to pay a full time EMS Coordinator to take care of their day call and their administrative duties. They are no longer contemplating closing their doors. In Walsh County, they too have found a way to generate the funds to hire two full time providers and now have advanced life support available to the citizens within Walsh County. 10 years ago Rugby Emergency Ambulance Service was struggling to fulfill their license requirements. Their volunteer providers could not cover the 175 ambulance transfers and the 180 emergency calls. They hired a full time EMS Coordinator through a Rural Health Grant, now they are self sufficient helping other EMS systems that are struggling. In fact the New Town Ambulance Service is one of those services. Four years ago the New Town Ambulance Service was ready to close when they contacted me as the EMS Coordinator of the Rugby system. We helped them restructure their billing practices and entered into a contract to provide an EMS provider 24 hrs a day seven days a week. They now generate enough revenue and have hired their own EMS Coordinator and now have a fulltime staff. Two

years ago the Velva Ambulance Service was struggling to find providers to cover the day call. They had been reported to the Health Department for not responding to calls and taking greater than 20 minutes to respond. Their solution was to hire staff to cover their day call.

All these systems have two things in common. They are all using a combination of paid and volunteer staff. They all have some sort of revenue generating source, reimbursement from calls, mil levy, or local tax.

I believe these are models the rest of the EMS community should try to mirror, however some systems could not support this type of system even if they received 100% reimbursement for their calls or utilized the 10 mils allowed in state law. They just don't have the call volume or tax base.

There are many EMS systems that are operating with three or four EMT's. I just received a letter yesterday, from a service that was operating with two EMT's and one of them is being deployed and they will be down to one EMT.

We are not looking to fund EMS systems that have the ability to fund themselves. We are looking to help "Access Critical" and "Vulnerable" services like Grenora, Westhope, Divide County, Munich, Hunter, Page, Mc Ville, Michigan, Bowdon, Plaza, Makoti, Ryder, Mott, Regent and other identified areas.

We know we cannot possibly fund every ambulance service in North Dakota to have full time staff, nor are we advocating that. The answer is to utilize a combination of paid and volunteer providers as long as we can. What we want to do is to help keep the ambulance services open that have been identified as "Access critical". This is a very complex problem and the solutions are not going to be easy. We know the strategies we have used for the last 15 years are not going to work in the future. That is why this bill is so important.

Mr. Chairman, thank you for this opportunity to testify in support of HB 1296 and I would be happy to answer questions the committee may have.

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Executive Offices
622 E. Interstate Ave.
smarck, ND 58503

(701) 221-0567 Voice
(701) 221-0693 Fax
(877) 221-3672 Toll Free
www.ndemsa.org

HB 1296

March 7, 2007

Testimony – Senate Human Services Committee
North Dakota EMS Association
Dean Lampe, Executive Director

Good morning Chairman Lee and members of the committee. My name is Dean Lampe, and I am the Executive Director of the North Dakota Emergency Medical Service (EMS) Association. On behalf of our almost 2,000 active members, most of which are volunteer EMS providers serving on our state's ambulance services and quick response units, I thank you for the opportunity to testify in support of HB 1296 if amended with the amendments Senator Erbele was kind enough to prepare.

The viability of an alarming number of our state's rural ambulance services is seriously threatened. This severe problem, if left unaddressed, will manifest itself and have grave consequences for the entire state. The two major factors contributing to the threatened viability of these ambulance services are; 1) The aging of North Dakota's rural population and the resulting lack of people to recruit volunteers from, and; 2) A lack of adequate funding which would enable services to compensate volunteers more or to contract with others to provide EMT's at times when volunteers are not available to cover the 24/7 operational requirement of an ambulance service. HB 1296 is the first of three bills this committee will hear this morning concerning these issues. The full Senate body will hear a total of five bills which deal with both of these issues; the lack of volunteers, and the lack of funding.

HB 1296 was heavily amended in the House, both in the Human Services Committee and in the Appropriations Committee. As it was first introduced, the bill would simply have provided for a $5.5M appropriation to be used for grants to the state's ambulance services and would have charged the health department to develop an EMS strategic plan and administrative

rules to identify a fair, equitable, and effective strategy to manage the change which must occur in North Dakota EMS.

A change in North Dakota EMS will occur whether we like it or not. The demographic realities for rural North Dakota are clear; depopulating of our rural communities and the aging of those who remain in the rural areas are facts. And, those who remain in our smaller communities are the very segment of the population who will more heavily rely on access to healthcare through EMS. The decision to be made is whether we sit back and watch and react as rural ambulance services close, or whether we try to proactively manage this change in EMS which, as I just mentioned and I'm confident you will agree, must and will occur. If we choose the wait and see approach, it is the North Dakota EMS Association's strong opinion that North Dakota will not continue to provide a seamless method of delivering EMS in all parts of the state. If left unmanaged, we will have gaps and complete voids in coverage areas and/or we will have ambulance response times that are simply unreasonable.

I suggest to you that EMS is an essential public service; just as law enforcement, fire protection, and the education of our young people are essential public services. Most North Dakotans take it for granted that when they dial 9-1-1 in a medical emergency, an ambulance will respond in a reasonable period of time. In 2006, there were over 58,000 ambulance runs in North Dakota. I surprise most people when I convert that figure to equaling 160 ambulance runs which occur each day in our small state. This volume of emergency medical transportation is provided by 140 odd ambulance services which are currently licensed by the health department. Over 90% of these ambulance services have a volunteer based business model for providing this essential public service.

I also suggest to you that if we just let ambulance services close, which forces the next closest ambulance service(s) to absorb the now vacant service area, we will experience a domino effect of ambulance closures. If we just let ambulance services close, without a plan to manage the change, this domino effect will occur at a pace which will be startling. HB 1296, if amended with Senator Erbele's amendments, and when viewed as a whole with HB 1161 and HB 1162,

which you will hear later this morning, we believe will provide a framework to effectively address these issues.

HB 1296, in Section 1, identifies the insurance tax distribution fund as the source of the appropriation. The reason the insurance tax distribution fund is identified was simply a way to establish a comparison to the $6.4M which is currently appropriated from this fund to assist firefighters, fire services and rural fire districts. The bulk of the funds generated from insurance premium taxes ends up in the general fund. So, this appropriation will reduce the general fund.

Section 2 of the bill establishes the eligibility requirements, the application process, and conditions for disbursement of the funds. As this bill passed the House, it was amended to require a 75% local matching component leaving the bill almost completely unusable. If EMS operations had 75% of the revenue needed to stabilize their operation or merge their operation with others, they most likely would not need the remaining 25%. Senator Erbele's amendments provide for a sliding scale established by rule of between 10% and 90% local matching money. We feel this is a workable solution and hope this committee will recommend the changes provided in the amendments.

Section 3 of the bill amends section 26.1-03-17 of NDCC (the insurance premium tax) to add the effects of HB 1296.

Section 4 of the bill directs the health department to contract for a comprehensive study of EMS in North Dakota. In all likelihood, this study would be conducted by the National Highway Traffic Safety Administration; the federal agency where EMS is housed in Washington. I believe Mr. Tim Meyer, the Director of the Division of Emergency Medical Services, will provide more information to you in regard to this study and discuss the process as it relates to the separate study of the state's trauma system (HB 1290).

Sections 5 and 6 of the bill deal with the appropriations for both the grant program and the study. Senator Erbele's amendments would increase the grant program appropriation from $1M to $2M. $1M is simply not enough money to have a meaningful impact on the situation.

Finally, if HB 1296 is made law, we envision a system of grant distribution which is similar to other rural states where "access critical ambulance services" and "vulnerable ambulance services" are identified. We also would envision a formula developed in the administrative rules process so the legislature would have the final oversight, where ambulance services could be classified and scored based on a number of appropriate criteria, namely:

- The distance from a hospital – A service that is farther away from a hospital would score higher in this category
- The distance from the next ambulance service – A service that is farther away from the next ambulance service would score higher in this category
- Size of service area – A service able to serve a larger service area would score higher in this category
- Number of emergent and transfer calls – a service would score higher if more calls were necessary
- The age of the EMS providers – a service would score higher if the average age of the providers was older
- The financial viability of the service would be considered
- The willingness of the service to consolidate and/or merge with other services would be considered
- An ambulance service business plan identifying a way to achieve self sufficiency would be required

Although the final authority to determine the criteria will rest with the Administrative Rules Committee, we also would envision the involvement of the Division of Emergency Medical Services and its EMS Advisory Committee which has representation from all facets of the EMS community; physicians, hospitals, public health, state trauma coordinator, state EMS for children coordinator, state EMS training coordinator, and a representative from the EMS Association as members on the committee.

Madam Chair and members of this committee, North Dakota EMS and all of the people in our state need your help and support. HB 1296 passed the House unanimously by a vote of 92-0; albeit with a $1M appropriation. We have every confidence your colleagues in the Senate and in

the House will look similarly favorable on the bill if amended to contain a more realistic appropriation. We urge you adopt Senator Erbele's amendments and to recommend a Do-Pass on HB 1296. I would be happy to answer questions the committee may have.

#3

BLS Vulnerable Ambulance Services

Sorted by # EMTs on Roster

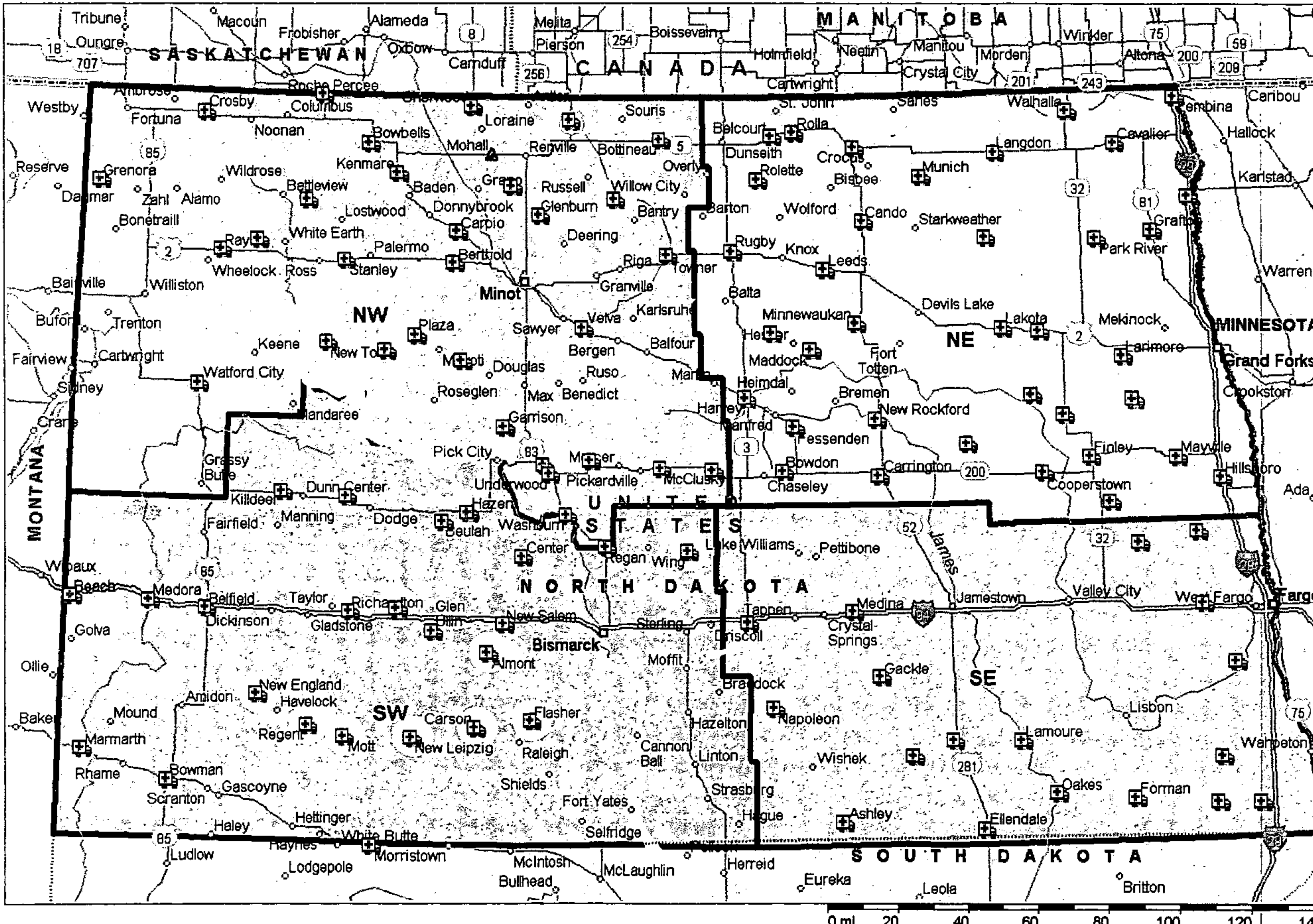
Ambulance Service	# EMTs on Roster	Mean Age	Median Age	Mode Age
Sherwood	2	52	52.5	
Minnewaukan	2	40	40.5	
Belfield	3	56	59	59
Westhope	4	47	45.5	
Gackle	4	35	33	
Aneta	5	56	53	
Stanley	5	49	49	64
Glenburn	5	44	41	
Mchenry	5	44	44	
Plaza	5	44	38	
Turtle Lake	5	43	45	45
Walhalla	5	36	37	37
Carpio	6	57	56.5	
Finley	6	53	51	
Milnor	6	53	50.5	
New England	6	50	49.5	46
Lansford	6	45	44	
Regent	6	44	43.5	
Lidgerwood	6	42	46	46
Upham	6	40	42	42
Goodrich	7	56	54	65
Mcintosh	7	53	49	49
Napoleon	7	50	53	58
Riverdale	7	50	52	55
Beach	7	48	50	50
Medina	7	47	49	51
Wing	7	47	54	54
Flasher	7	44	42	
Forman	7	44	41	
Kenmare	7	44	44	
Pembina	7	44	50	54
New Leipzig	7	42	38	
Berthold	7	41	43	
Richardton	7	41	40	
Spirit Lake	7	40	42	
Esmond	7	39	41	35
Crosby	9	54	60	60
Halliday	9	50	49	
Rolette	9	48	51	
Grenora	15	45	46	54

BLS Vulnerable Ambulance Services

Sorted by Mean Age

Ambulance Service	# EMTs on Roster	Mean Age	Median Age	Mode Age
Carpio	6	57	56.5	
Belfield	3	56	59	59
Aneta	5	56	53	
Goodrich	7	56	54	65
Crosby	9	54	60	60
Finley	6	53	51	
Milnor	6	53	50.5	
Mcintosh	7	53	49	49
Sherwood	2	52	52.5	
New England	6	50	49.5	46
Napoleon	7	50	53	58
Riverdale	7	50	52	55
Halliday	9	50	49	
Stanley	5	49	49	64
Beach	7	48	50	50
Rolette	9	48	51	
Westhope	4	47	45.5	
Medina	7	47	49	51
Wing	7	47	54	54
Lansford	6	45	44	
Grenora	15	45	46	54
Glenburn	5	44	41	
Mchenry	5	44	44	
Plaza	5	44	38	
Regent	6	44	43.5	
Flasher	7	44	42	
Forman	7	44	41	
Kenmare	7	44	44	
Pembina	7	44	50	54
Turtle Lake	5	43	45	45
Lidgerwood	6	42	46	46
New Leipzig	7	42	38	
Berthold	7	41	43	
Richardton	7	41	40	
Minnewaukan	2	40	40.5	
Upham	6	40	42	42
Spirit Lake	7	40	42	
Esmond	7	39	41	35
Walhalla	5	36	37	37
Gackle	4	35	33	

BLS Ambulances Age Analysis



Executive Offices
1622 E. Interstate Ave.
Bismarck, ND 58503

(701) 221-0567 Voice
(701) 221-0693 Fax
(877) 221-3672 Toll Free
www.ndemsa.org

HB 1296

March 16, 2007

Testimony – Senate Appropriations Committee
North Dakota EMS Association
Dean Lampe, Executive Director

Good morning Chairman Holmberg and members of the committee. My name is Dean Lampe, and I am the Executive Director of the North Dakota Emergency Medical Service (EMS) Association. On behalf of our almost 2,000 active members, most of which are volunteer EMS providers serving on our state's ambulance services and quick response units, I thank you for the opportunity to provide testimony in support of HB 1296.

The viability of an alarming number of our state's rural ambulance services is seriously threatened. This severe problem, if left unaddressed, will manifest itself and have grave consequences for the entire state. The two major factors contributing to the threatened viability of these ambulance services are; 1) The aging of North Dakota's rural population and the resulting shortage of people to recruit volunteers from, and; 2) An absence of adequate funding which would enable ambulance services to compensate EMS providers more or to contract with others to provide EMT's at times when volunteers are not available to cover the 24/7 operational requirement of an ambulance service license. The long term fix for North Dakota in order to have continued, seamless EMS coverage will be what is called "EMS Systems," which is a term describing a local or regional hub ambulance service(s) sharing resources with sub-station ambulance services and quick response units. Some of these ambulance services must end up being "combination services," which means they will utilize a staff comprised of a combination of paid, partially paid, and volunteer EMS providers.

HB 1296 was heavily amended in the House, both in the Human Services Committee and in the Appropriations Committee. As it was first introduced, the bill would have simply provided for a $5.5M appropriation to be used for grants to the state's ambulance services and

would have charged the health department to develop a state-wide EMS strategic plan and administrative rules to identify a fair, equitable, and effective approach to manage the change which must occur for North Dakota to provide seamless Emergency Medical Services. The House Appropriations Committee reduced the appropriation from $5.5M to $1M before sending the bill to the Senate. The Senate Human Services committee recommended, and the Senate has adopted, amendments increasing the appropriation to $2M and we are respectfully requesting this committee to preserve this bill in its present form; not lowering the appropriation to an amount which would have little or no meaningful impact on the state's ambulance services.

As I just mentioned, a change in North Dakota EMS will occur whether we like it or not. The demographic realities for rural North Dakota are clear. The depopulating of our rural communities and the aging of those who remain in the rural areas are facts we cannot ignore. And, those citizens who remain in our smaller communities and rural areas are the very segment of the population who will more heavily rely on access to healthcare through Emergency Medical Services. The decision to be made by this legislature is whether we sit back, watch and be reactive as rural ambulance services close, or whether we try to proactively manage this change in EMS which, I'm confident you will agree, must and will occur. If we choose the wait and see approach, it is the North Dakota EMS Association's considered opinion that North Dakota will not be able to continue to provide a seamless method of delivering EMS in all parts of the state. If left unmanaged, we will have gaps and complete voids in coverage areas, and/or we will have ambulance response times to emergency calls that are simply unreasonably long.

I suggest to you that EMS is an essential public service; just as law enforcement, fire protection, and the education of our young people are essential public services. Most North Dakotans take it for granted that when they dial 9-1-1 in a medical emergency, an ambulance will respond in a reasonable period of time. In 2006, there were over 58,000 ambulance runs in North Dakota. I surprise most people when I convert that figure to equaling 160 ambulance calls which occur each day in our small state. This volume of emergency medical transportation is provided by ±140 ambulance services which are currently licensed by the health department. Over 90% of these ambulance squads have a volunteer based business model for providing this essential public service.

I also suggest to you that if we just let ambulance services close, which forces the next closest ambulance service (usually another small group of volunteers) to absorb the now vacant service area, we will experience a domino effect of ambulance closures. If we just let ambulance services close, without a plan to manage the change, this domino effect will occur at such a rapid pace, it may be unmanageable. HB 1296, in its present form, and when viewed as a whole package with House Bills 1161 and 1162 concerning policy issues, which have been passed by both chambers, and House Bills 1138 and 1160, concerning fuel and excise tax exemptions for ambulance services, we believe will provide the financial and systemic framework to effectively address these issues. You will hear HB 1138 later this morning.

Chairman Holmberg, with your permission, I would like to interrupt my testimony at this point so the committee can hear from others who I have asked to attend today. When they have finished, I would like to resume my testimony and take a few more minutes to summarize the specific contents of the bill with you.

HB 1296, in Section 1, identifies the insurance tax distribution fund as the source of the appropriation. The reason the insurance tax distribution fund is identified was simply a way to establish a correlation between the $6.4M which is currently appropriated from this fund to assist the firefighters association, fire services, and rural fire districts. The bulk of the funds generated from insurance premium taxes ends up in the general fund. So, if enacted, this appropriation will reduce the general fund.

Section 2 of the bill establishes the eligibility requirements, the application process, and conditions for disbursement of the funds. The amendments recently adopted by the Senate provide for a sliding scale established by administrative rule of between 10% and 90% local matching money in order for ambulance services to participate in the grant process.

Section 3 of the bill amends section 26.1-03-17 of NDCC (the insurance premium tax) to add the effects of HB 1296.

Section 4 of the bill directs the health department to contract for a comprehensive study of EMS in North Dakota. In all likelihood, this study would be conducted by the National Highway Traffic Safety Administration (NHTSA); the federal agency where EMS is housed in Washington. I believe Mr. Tim Meyer, the Director of the Division of Emergency Medical Services, is present in the room if the committee wishes him to provide more information for you in regard to this study, and he can also discuss the NHTSA study process as it relates to the separate study of the state's trauma system (HB 1290).

Sections 5 and 6 of the bill deal with the appropriations for both the grant program and the study.

Finally, if HB 1296 is made law, we envision a system of grant distribution which is similar to other rural states where "access critical ambulance services" and "vulnerable ambulance services" are identified. We also would envision a grant formula developed in the health department and approved in the administrative rules process, so the legislature would have the final oversight; where ambulance services could be classified and scored based on a variety of appropriate criteria, namely:

- The distance from a hospital – A service that is farther away from a hospital would score higher in this category
- The distance from the next ambulance service – A service that is farther away from the next ambulance service would score higher in this category
- Size of service area – A service able to serve a larger service area would score higher in this category
- Number of emergent and transfer calls – a service would score higher if more calls were necessary
- The age of the EMS providers – a service would score higher if the average age of the providers was older
- The financial viability of the service would be considered
- The willingness of the service to consolidate and/or merge with other services would be considered

- An ambulance service business plan identifying a way to achieve self sufficiency would be required

Although the final authority to determine the criteria will rest with the health department and the Administrative Rules Committee, we also would envision the involvement of the health department's Division of Emergency Medical Services and its EMS Advisory Committee which has representation from all facets of the EMS community; physicians, hospitals, public health, state trauma coordinator, state EMS for children coordinator, state EMS training coordinator, and a representative from the EMS Association as members on the committee.

Mr. Chairman and members of this committee, North Dakota EMS providers and all of the people in our state need your help and support. HB 1296 passed the House unanimously by a vote of 92-0; albeit with a $1M appropriation. We have every confidence your colleagues in the Senate and Members of the House will look similarly favorable on the bill if the Senate returns it to the House containing a more realistic appropriation of $2M. We urge you to recommend a Do-Pass on HB 1296. I would be happy to answer questions the committee may have.

Attachment A
4/16/07

Senate Response to House Queries on Senate Changes to House Bill 1296

Has the state funded Rural Ambulances like this before?

No. The state has never funded rural ambulance services any manner. The state, through the Department of Health, does provide money specifically for the training of volunteer EMTs – not ambulance services. House Bill 1296 was designed to provide a funding source to this essential emergency service similar to that provided to fire services.

Where does the money come from?

The money for the appropriation in HB 1296 would come from the Insurance Premium Tax. The Insurance Premium Tax generates over $50M each biennium. There are appropriations to fire services and the firefighters association of approximately $6.4M and the Insurance Commissioner's administrative budget comes from the Insurance Premium Tax; but, the bulk of the revenue from this tax is not dedicated and flows into the General Fund.

Rural ambulance services, as an operating entity, generate money; their revenue comes mainly from:

a. Fees from billed services. For most rural services, over 50% of their fees come from Medicaid and Medicare patients. Concerning Medicaid, ambulances are the lowest on Medicaid's provider list of the ratio of reimbursement to billed services (at 32%); compared to other healthcare providers. Medicare reimbursements are a little higher, but still below the cost of providing the service. It's not hard to figure out why rural ambulance services need financial help. They are compelled to provide the service and forced to accept rate schedule reimbursements from Medicaid, Medicare, BCBS, Workforce Safety, etc.
b. They receive donations from fund raising events (pancake breakfasts, raffles, etc.) and private donations which are usually from patients or the family of patients for whom they have provided a service during an emergency call.
c. Local Taxes: Some of the ambulance services (less than 50%) receive local tax property tax revenue either from a county or rural ambulance service district levy.

Is this money transferred to another fund?

No. The Department of Health will develop administrative rules (with the involvement of the EMS Association) for disbursement of this money. The money will go directly to the ambulance services.

What exactly is the money to be used for, equipment, salaries, or what?

The bill states clearly the money is not to be used for capital equipment. There are plenty of grant opportunities for ambulance services to purchase equipment; such as the Homeland Security Grant program. When a replacement vehicle is needed, generally the local community steps up to the plate with donations and fundraisers. In our association's view, the money is intended to be used for EMT staffing. Most of our vulnerable ambulance services are in a crisis because their EMTs are either old or gone. A lot of services have trouble covering the daytime hours because town people leave the town for work or both husband and wife work during the day. This money is intended to (as the circumstance dictates) either contract for an EMT to come to town during the day, or to create and pay a full time EMT to cover the daytime hours. Volunteers (partially paid) can cover the hours during the evening.

Remember too, there will be a required local matching component to compliment the state grant amount. At a midpoint of $20,000 per year/per service/for 40 services, the amount is not enough to contract for or to employ an EMT. The local community will have to come up with a business plan and also some of the money.

Good Morning Chairman Holmberg and members of the committee

My name is Nancy Capes.

I am the supervisor of the Ambulance Department for Altru Heath System in Grand Forks.

We are a licensed advanced life support service with a staff of 37 paid providers at the paramedic level of training.

Even though I am a paid provider, I have 20 years of experience with a volunteer quick response service also, so I feel I have fair understanding of the issues.

I would like to thank you for allowing me to share my views and concerns about the state of EMS in North Dakota and the impact on its citizens.

As you have already heard we do have some concerns about volunteerism in the state.
Our current providers are made up of mostly baby boomers, and even a few veterans that are over the age of 63 hanging in there.

The leading edge of the baby boomer generation turned 60 two years ago and the number of those reaching retirement age by the year 2020 will be greater than 55,000 here in the state of ND.
It is estimated that there will be more retired people living in the state in 2020 than those that are of the prime working population. Who is going to care for us?

I believe that the reason that we do not see many or any, generation X volunteers stepping up to the plate is that this is the generation that was left alone at home while there baby boomer parents Worked 40+ hours per week and then gave time to local organizations like fire departments, and ambulance services ect, leaving little time for their families. My own children have told me that they will never be like us, their own time is to important to them. This is known as the "me" generation.

Thankfully the Y generation those born after 1980 and currently age 25 and under are known as echo boomers, they like to work in teams and are more goal oriented than X generation. They may be our opportunity to increase volunteerism however, they were raised with that one statement we have all heard "show me the money."

I understand that HB 1296 will provide no financial assistance to the paid provider services in the state like those in the larger cities. However, my concerns are for the vision I have of ambulance services closing due to lack of volunteers or lack of funding to stay in business. If my sister were to live in Larimore and they no longer provided ambulance service and she were to have a cardiac event like a heart attack or a stroke and had to wait for the ambulance from Grand Forks to respond to her needs, she may not die, but she would definitely have a serious impact to the final outcome of her condition. Early treatment such as oxygenation, aspirin and nitroglycerin has a huge impact on the heart and the amount of muscle damage that can occur in the first hour. Time is muscle, as we say in our business and what that really means is the difference between living a normal life and maintaining your job or being disabled on social security due to a poorly functioning heart or brain.

An option could be for Altru to expand and have a station in Larimore. Let me explain why I believe that this is a poor option. The cost to provide 24/7 coverage by paramedics is in the area of more than 300,000 dollars per year in wages and benefits. This does not include a truck or the

operating expenses for this one station. Nor does it include overtime, long distance transfers, or mandatory education for new equipment. Then, what if Northwood or Michigan Ambulance Service were to close? I think that I do not even need to discuss this any further because it is not cost effective. It would also have a financial impact on Altru as the call volume from this area would not generate revenue to even come close to breaking even.

We currently provide ALS intercept services to our surrounding communities in NE North Dakota and NW Minnesota; this is tremendous service to patients and the final outcome of their illness. It is the right thing to do for the patient. However it is one that affects the bottom line of both the responding services as they attempt to split the small reimbursement between the two ambulance services.

I believe it is essential for government to address the issues of EMS in a proactive manner as outlined in HB 1296 and not in a reactive manner which could be very detrimental to the citizens of this state.

Thank you for allowing me to share my concerns.